GUY'S
HOSPITAL
GAZETTE

NEW SERIES
VOL. 74

GUY'S
LIBRARY
1960

Guy's Hospital Gazette.

Guy's Hospital Gazette.

GUY'S HOSPITAL GAZETTE

VOL. LXXIV

1960

INDEX

PAGE

A

Adoption 72, 274A
American Academy of Science Award 340
Clinical Students 239
Anatomy, Michael Harris Prize in .. 153
Anderson, P. Mc D. and Rees, W. M.; Medical Summer School 487
Anglo-American Dinner, July, 1960 296, 302
Appointments
Beckenham Hospital.. 152, 221, 455
Civil 17, 33, 50, 71, 112, 134A, 205, 273, 440, 456A
Dreadnought Seamen's Hospital 32, 152, 273
Evelina Children's Hospital of Guy's Hospital 33, 171, 257, 272, 403, 475
Guy's Hospital
Anatomy Department 112
Cardiac Departments Research Fellow 475
Clinical Pathology Department 171, 324, 454
Consultant Dental Surgeon 272, 294
Dental Department.. ..257, 309, 361
Dental House Surgeons .. 439, 494
Dental Prosthetics Department 220, 454
Dental School .. 171, 309, 381
Dermatological Department .. 72
Diagnostic Radiology Department 309, 454
Endocrinology and Radioisotopes 309
House Officers 32, 88, 152, 220, 273, 324, 381, 455
Junior Medical Registrars 359, 494
Junior Staff .. 359, 403, 475
—Maudsley Neurosurgical Unit 151, 171, 190, 220, 238, 257, 272, 359, 381, 419, 455
Medical Registrar 454
Medical School 258
and Medical School Junior Staff.. 190
Physiology Department Junior Lecturer 475
Ophthalmology Department .. 257
Pathology Department Research Fellowship 257
Pharmacology, Lecturer in .. 272
Physician in Charge of the Department of Physical Medicine .. 112
Preventive Dentistry Department 87
Psychological Medicine (Child Guidance) 475
Radiotherapy Department .. 50
and South-East Metropolitan Regional Hospital Board 171, 238, 309
Thoracic Surgery, Registrar .. 381
Thoracic Surgical Unit Research Fellowship 50, 205, 294, 403, 454
Venereal Diseases, Department of 324
Hither Green Hospital 32, 88A, 273
Joyce Green Hospital 32, 88A, 152, 221, 273, 456
Lewisham Hospital 152, 221, 273, 325, 456
New Cross Hospital 32, 88A, 152, 221, 273, 325, 456
Orpington Hospital 32, 88A, 152, 221, 273, 456
Pembury Hospital 32, 88A, 152, 221, 273, 456
Pre-Registration Candidates 32, 273
Queen Mary's Hospital, Sidcup 32, 88A, 152, 273, 325, 456
St. John's Hospital, Lewisham 32, 88A, 152, 456
St. Olave's Hospital .. 152, 221, 456
Archery Club 112
Arris and Gale Lecture 421
Art Society 20, 37

PAGE

Arthur Sims Commonwealth Travelling Professor 258
Association of British Paediatric Nurses 392
Athletic Club :
Inter-Hospitals' Tug-of-War .. 225
Ladies :
v. St. Mary's Hospital and Goldsmith's College 257
Sports Day 195, 219, 227
United Hospitals' Championships .. 256
University of London Championships 204
v. The London Hospital 271
v. St. Mary's Hospital and Westminster Hospital 218
v. St. Thomas's Hospital and R.M.A. Sandhurst 256
Atkins, H. J. B. Appointed Sim's Commonwealth Travelling Professor 224
Atomic Energy Agency 114

B

Beach, W. V. Appointed Honorary Surgeon to the Queen 205
Beaney Prize in Pathology 153
Beer Drinking Competition 129
Benson, Miss M. Appointed Northern Area Organizer for the Royal College of Nursing 174
Biennial Dinner .. 195, 311, 312, 328, 341, 385
Birthday Honours .. 223, 240, 258, 259
Births .. 18, 34, 52, 72, 88A, 112A, 134A, 154, 172, 192, 206, 222, 238A, 258A, 274A, 294A, 310, 326A, 338, 362, 384A, 404, 440, 456A, 476A, 494A
Blood Volume Estimation—A Review of Methods. By B. R. P. Murray and R. W. Potts 120
Blues Awards, 1959 .. .. 86, 255
Books, Cheap Editions (Passim) .. 339
Books Received 31, 308, 474, 493
Borg, Mary. Appointed Matron of Joyce Green Hospital, Dartford, Kent 1
Correction 19
Appointed Matron of the Nelson Hospital 19
Boulter, P. S. Meckel's Diverticulum 77
Bournemouth and Wessex. Guy's Hospital Society 3, 38
Boxing
United Hospitals' Championships 136, 151
Brighton Walk .. 136, 155, 193, 208, 210
British Dental Association, Annual Conference 175
British Medical Association. Sir Charles Hastings Clinical Prize .. 174
British Society of Gastroenterology.. 114
Bron, A. J. Defects in the Absorption and Digestion of Fats 366
Burn, J. H. Prize Award by Gairdner Foundation of America 385
Bush Obstetrics. By T. R. Cullinan.. 39
Bush Paediatrics. By T. R. Cullinan.. 186

C

Cann, R. J. Appointed a Governor of Guy's Hospital 193
Cantor Lecture at the Royal Society of Arts 422
Cardiology, Charles Forster Prize in .. 153
Casualties. An Exercise (Passim) .. 73
Casualty Department of New Guy's House, Some Observations on the, By Patrick Clarkson 424
Departments in the Hospital Service, The Role of, By Patrick Clarkson 408

PAGE

Change of Address 18, 34, 52, 72, 88A, 112A, 134A, 154, 172, 192, 206, 222, 238A, 258A, 274A, 294A, 310, 326A, 338, 362, 384A, 404, 420, 440, 456A, 476A, 494A
Chapel, Carol Service 442
Free Church Service 423
Charles Forster Prize in Cardiology .. 153
Charles Oldham Prize in Ophthalmology 153
Charles, S. Wilson, Obituary 196
Chemistry Department, Fire in .. 90
Cheshire Homes 457
By R. H. Farrell 464
Child Health and Research, Endowment of a Chair for 276
Childhood, E. Coli as a Cause of Enteritis in, By P. L. Masters .. 297
Christmas 1, 457
Cards 422
Music, Concert of 45
Quiz 468, 476A
Show 28, 406
In the Wards 9
Civil Defence Exercise 89
Clarkson, Patrick, Elected Honorary Member of the American Society for Surgery of the Hand 275
The Role of Casualty Departments in the Hospital Service 408
Some Observations on the Casualty Department of New Guy's House 424
Visit to the United States 340
Clinical Entries 205
Clinical Lecture, By Dr. John Fry, A Day in General Practice 157
By Dr. A. S. Grimble, Reiter's Syndrome 54
By Dr. Christopher Hardwick, The Diagnosis of Diabetes Mellitus .. 4
Clinico-Pathological Meeting 478
Clubs' Union Ball 208
Cohen, Nicholas, Windermere—an experiment in Student Medicine.. 197
Colling-Baugh, C. V. T., Obituary .. 343
Colostomy, Discursive Musings concerning a, By P. F. S. Court .. 177
Concert of Christmas Music 45
Corkill, T. F., Sims-Black Travelling Professor 113
Coulter, C., Dental Accessories—1860 267
Correspondence :
J. Addison, Guy's Nurses 107
K. F. Anderson, Guy's Australian Dinner 437
T. G. L. Bellis, Guy's North Wales Dining Club 418
P. M. F. Bishop, Guy's and the Blitz Letter to Lord Cunliffe 105
B. Blackwell, The Letter Wreck .. 265
Mr. G. A. R. Winston 143
Rugby Club Annual General Meeting 201
J. B. Blaikley, Litter in the Park.. 254
The Park 232
Peter Bloor, Guy's Regatta .. 175
N. F. Boyd, K. M. Pagliero and R. W. T. Myall, Guy's Hospital Rugby Football Club Ball.. 418
E. K. Breakspear, Cartoon 108
Michael H. Brooke, Medical Practice in the States 188
Capt. Ex B., Rugby 438
Annette F. P. Chant, Ladies Lawn Tennis Club 319
E. J. N. Chater, The Brighton Walk 165
The Students' Union 195
World Refugee Year .. 143, 399
Doris Chrimes, Landon Tea Fund 31, 437
Patrick Clarkson, Prevention of Tetanus 146
J. J. Conybeare, Compulsory Lectures 377
Specialization in America.. .. 107
Frank Cook, John Lever 319
Cunliffe, Exercise "Cascade" .. 105

PAGE

Correspondence—*Continued.*
G. L. Davies, The Innominate Club and "Doc" Hancock 265
D. P Davis, . . . and information.. 336
M. H. Devereux, Clubs' Union Colours 109
W. D. Doherty and J. B. Blaikley, Retirement of Miss Delamere .. 60
John Dominick, "Quackery" Needed Well ? 132
F. N. Doubleday, Doc. Hancock.. 286
N. L. Eckhoff, The King and the Hospitals' Cup 106, 131
Terence English, The Rugby Club .. 263
H. C. Evans and C. J. Rowland, Residents' Ball, 1960 83
Ike Evans, Errors in charting completed work under the National Health Service 356
G. E. Gartside, Letter of thanks.. 437
J. Griffith, Science Club 377
M. S. Griffith, Facts, Figures and Forecasts 41
Hugh Guerrier, British Medical Association Meeting 145
Peter Harris, The Rugby Club .. 264
G. A. D. Haslewood, Medical School Fire 106
K. A. Hillard, Familiarity 335
R. Hofmeyr, Apocryphal Stories .. 470
J. C. Holmes-Smith, Residents' Play, 1960 .. .. .. 31, 41
P. F. Howe, N.H.S. Dental Practice 377, 436
Oliver Ive, The Rugby Club 254, 287
M. N. Jacoby, K. M. Pagliero and R. J. O. Smith, Rugby Football Club Ball 31
N. M. Jacoby, Paediatrics .. 378
John James, The King and the Hospitals' Cup 131
R. Kauntze, Students' Health Service 417
George Klauber, B.M.S.A. Annual General Meeting 490
P. Kurland, N.H.S. Dental Practice 398
David Le Clus, An Invitation .. 108
J. A. Loeb, Prevention of Tetanus 108
Isabella McCrea and Nicola M. Pantin, Nursing "Shortage" ? .. 62
Murdo Mackenzie, The Chief on the Adriatic 306
G. A. Missen, The Staff's Pictures.. 108
J. D. R. Nicholas, The Rugby Club 263
Tony Orsmond, A Good Historian 187
K. M. Pagliero, The Trist Cup .. 417
Donald Paine, Medical Practice in the States 189
A. J. Parratt and C. B. Boothby, Guy's Annual Sports Day .. 187
E. A. Penny, Compulsory Lectures 438
Stanley Piper, W.G.G.L.B.W. .. 356
M. O. Rake, "Gethsel" 64
B. Lees Read, Mr. G. E. Gartside's Retirement 356
Peter Readings, N.H.S. Dental Practice 398
Norman Rigby, Practice in The New World 317
N. L. Rowe, Prevention of Tetanus 63
C. J. Rowland, Clubs' Union Ball.. 175
E. D. Scott, Compulsory Lectures 398
H. J. Selby, Doc. Hancock 305
Robert Sells, Dido and Aeneas .. 445
Keith Simpson, Married ! 131
The Sisters who have Benefited, Appreciation 437
David Stafford-Clark, Doctors and Coroners 265
Robin Tanner, Nursing "Shortage" ? 61
Florence Taylor, Nursing "Shortage" 147
L. R. S. Titley, Nursing "Shortage" ? 61
S. M. Vine, "Specialist Subjects" .. 399
H. S. Wacher, Sports Reports .. 336
Douglas Wain, Doctors and Coroners 286

PAGE

Correspondence—*Continued.*
Robert G. Walton, Sophie's Hostel 43
Hugh Warwick, Prevention of Tetanus 43
Roger Warwick, Anglo-American Dinner 335
Innominate Club Chair 232
Eileen C. Wheeler, Dr. P. J. Wheeler 490
Ruth Wiernik, Americana 63
Salaries in the U.S.A. 166
Kenneth Wilson, Jargon 319
G. A. R. Winston, A letter of thanks 201
The Wills Library 489
K. R. Wordsworth, Nursing "Shortage" ? 63
H. M. Worth, Professor Rushton .. 106
G. Payling Wright, Prevention of Tetanus 83
Courage and Barclays and Guy's .. 129
Court, P. F. S., Discursive Musings Concerning a Colostomy 177
Covell, Sir Gordon, American Academy of Science Award 340
Awarded Darling Foundation Medal and Prize by the World Health Organization 421
Cricket :
Averages 418
In Retrospect 418
Inter-Hospitals' Cup Final 340
Past v. Present 272
The Tour 379
v. Ashtead 204
v. Beckenham 203
v. Charing Cross Hospital (Inter-Hospitals' Cup 2nd Round) .. 271
v. Crofton Park 271
v. Dulwich Hamlet 271
v. Honor Oak 203
v. King's College Hospital (Inter-Hospitals' Cup 1st Round) .. 271
v. King's College Hospital 2nd XI (Inter-Hospitals' Cup First Round) 219
v. Nomads 271
v. Orsett 203
v. St. George's Hospital (Inter-Hospitals' Cup Final) 378
v. Wanderers 203
Crisp, E. J., Presentation to 226
Retirement of 239
Cullinan, T. R., Bush Obstetrics .. 39
Bush Paediatrics 186
Curacao, Our Man in, By Nicholas Gross 460

D

Darling Foundation Medal and Prize, Awarded to Sir Gordon Covell .. 421
Davies, G. L., Music in Retirement .. 314
Deaths .. 34, 52, 72, 88A, 112A, 134A, 154, 192, 222, 258A, 274A, 326A, 338, 404, 420, 440, 456A
Debating Society 194
Delamere, Ivy, An Appreciation .. 91
Farewell Party 113
Retirement of 89
Dental Accessories—1860, By C. Coulter 267
Clinical Meeting 3, 36, 479
Extractions in Haemophiliacs, By Peter Wolf 279
School, Annual Clinical Meeting 65, 126
Course in Conservative Dentistry .. 134
Society, Annual Ball 459
Annual Dinner 37, 126
Diabetes Mellitus, The Diagnosis of, By Christopher Hardwick (Clinical Lecture) 4
Dido and Aeneas 491
Dinner at the Cheshire Cheese 73
Doctors and Coroners, by Ian Milne .. 242
Dodsley, Louisa, Awarded Royal Red Cross, First Class 259
Dryland, G. W., Obituary 75

PAGE

Duncombe, Margaret A, Appointed Matron of the Queen Victoria Hospital, East Grinstead .. 259, 341
Elected President of the Association of British Paediatric Nurses 174

E

Earl, C. J., Appointed Consultant Physician to the Neurological Department at the London Hospital .. 478
E. Coli as a cause of Enteritis in Childhood, By P. L. Masters 297
Edwards, C. H., Elected F.R.C.P. .. 193
Eighty-Three Years Ago 319
Electron Microscope, Presented by the National Spastics Society 295
Ellis, F. G., Hunterian Professor .. 478
Engel, C. E., Cantor Lecture at the Royal Society of Arts 422
English, Terence 155, 162
Enteritis in Childhood, E. Coli as a cause of, By P. L. Masters 297
Entry of Students 382, 403
Evelina Children's Hospital, Paediatric Postgraduate Week-end Course .. 190
Evelyn Sprawson Prize of the Royal College of Surgeons of England .. 33
Externs 19

F

Farrell, R. H., The Cheshire Homes .. 464
Fats, Defects in the Absorption and Digestion of, By A. J. Bron 366
Fawcus, Robert, Admitted Honorary Freeman of the Borough of Chard .. 421
Featherstone, Miss 136
Fencing Club 111
Fenn, H. R. B., An Appreciation .. 391
Retirement 364
Field, Ada, Death of 422
Foot Survey, Proposed, By T. T. Stamm 81
Football :
Association :
v. College of Estate Management 69
v. Goldsmiths 71
v. Queen Mary's College "A" .. 70
v. Royal Naval College 70
v. St. Mary's Hospital 70
v. Trinity College, Oxford 70
v. U.C.H. 70
Rugby 73, 364
Annual General Meeting .. 223, 237
Election of Captain for Season 1960-61 155
Fixture List, 1960-61 .. 359, 474
Fixtures 223
Guy's Cup in South Africa .. 240
International Tickets 459
A New Rugger Captain 162
Prospects for 1960-61 358
Royal Visits to the Cup Final .. 89
v. Aberavon 16, 111, 474
v. Bedford 401
v. Blackheath 380
v. Cambridge University 401
v. Catford Bridge 380
v. Cheltenham 419
v. Coventry 16, 475
v. London Irish 149
v. Old Blues 438
v. Old Cranleighans 494
v. Old Whitgiftians 439
Residents *v.* Students 17
v. St. Thomas's Hospital (Inter-Hospitals Cup, Semi-final) .. 86
v. United Services, Portsmouth .. 381
v. Wasps 419
v. Westminster Hospital (Inter-Hospitals' Cup, 2nd Round) .. 68
Forty Years Ago 343
Foster, H., Thoughts on Polio 480
Fractures of the Jaws in Northern Rhodesia, By W. V. James 261
Frederick George Larkin, Prize in Medicine 153

PAGE

Free Church Members 195
Service 423
French, E. B., Elected F.R.C.P. .. 193
Fry, John, Awarded the Sir Charles Hastings Clinical Prize 174
A Day in General Practice (Clinical Lecture) 157
Fry, Sir William Kelsey, Elected Honorary Fellow of the Royal Society of Medicine 208
Fuller, H. J., Obituary 209

G

Gairdner Foundation of America, Prize Award 385
Gala Premiere 84, 90
Games Reports 327
General Practice, A Day in, By John Fry (Clinical Lecture) 157
"Gethsel", By Martin Bax 144
Golding-Bird Gold Medal and Scholarship in Bacteriology 294
Medal and Scholarship in Obstetrics and Gynaecology 294
Golf 421
v. Royal Dental Hospital (Inter-Hospitals' Cup Semi-Final) .. 419
v. St. Bartholomew's Hospital (Inter-Hospitals' Cup Final) .. 453
v. Westminster Hospital (Inter-Hospitals' Cup 2nd Round) .. 337
Gordon Museum 276
Gorer, P. A. I., Elected Fellow of the Royal Society 135
Great Maze Pond 240, 386
Great Ormond Street Hospital for Sick Children, Course of Lectures .. 208
Greville Studentship 191
Grimble, A. S., Reiter's Syndrome (Clinical Lecture) 54
Gross, Nicholas, Our Man in Curacao .. 460
Guild for Ex-Patients 477
Guillebaud Report 90
Guy's Diary .. 2, 20, 37, 53, 75, 90, 114, 136, 156, 174, 194, 209, 225, 241, 260, 312, 328, 341, 365, 386, 406, 422, 442, 459, 479
Dinner in South Australia 74
Hospital Gazette, Editorial Changes 135, 458
Index 110
Management 207
Subscription 110
Ladies' Association 38
Derry Roof Gardens 259
The Rebuilding of, VI, By B. Lees Read 344
Reports Contents 1959, Vol. 108, No. 4 38
Contents 1960, Vol. 109, No. 1 115
Contents 1960, Vol. 109, No. 2 296
Society, Bournemouth and Wessex 3, 423
Correction 38
Students' Club, Annual General Meeting 20
Guy's House, New 311, 340, 363, 405, 416

H

Haemophiliacs, Dental Extractions in, By Peter Wolf 279
Handcock Prize of the Royal College of Surgeons of England 135
Hardwick, Christopher, The Diagnosis of Diabetes Mellitus (Clinical Lecture) 4
Harrison, D. F. N., Appointed Reader in Laryngology at the University of London 224
Harvey, R. D., Awarded Handcock Prize by the Royal College of Surgeons 135
Hildreth, Peter, Olympic Games .. 327
Selected for Olympic Games .. 295

PAGE

Hockey 136
Folkestone Easter Festival 204
Ladies 87
Results 402
v. Romford 402
v. St. Mary's Hospital (Inter-Hospitals' Junior Cup Final) .. 150
v. St. Thomas's Hospital (Inter-Hospitals' Senior Cup Final) .. 149
v. South Saxons 402
Spirochaetes *v.* Professor Butterfield's XI 150
Holland, Roger, Death of 114
Obituary 116
Hopkins, Sir Frederick Gowland .. 287
Hospital, By a Converted Iatrophobe .. 12
Hospital Laundry Arrangements .. 36
Hospital for Sick Children, Great Ormond Street, Course of Lectures .. 208
Hughlings Jackson Memorial Lecture .. 208
Hunterian Professor 478
Hunt's House, Excavations 241

I

"I am a Camera" 466
Illustrations, "But, Sir . . . 'Ward 10' . . ." 163
Dental Cartoon 49
Dental Extractions 266
Guy's Dinner in South Australia .. 74
Guy's Hospital Dental Department .. 66
Her Majesty the Queen Mother .. 434
Lawn Tennis Club 45
The New Miller 353, 354
Rifle Club 44
The Thatchings .. .. 331 *et seq.*
World Refugee Year 130
In Memoriam 112A
In the Chair 164
Innominate Club 156, 278
International Congress of Nurses .. 260
International Refugee Year 36

J

James, W. V., Fractures of the Jaw in Northern Rhodesia 261
Jaw, Exhibition on the 225
Jaw, Fractures of the, in Northern Rhodesia, By W. V. James 261
Johnston, T. B., Death of 385
Obituary 387
Joyce Green Hospital, Appointment of Matron 1

K

Kendall, Patrick Hume, Appointed Physician in Charge of the Department of Physical Medicine 239

L

Lacrosse 134
Ladies' Association 38, 329, 342
Lady Cade Medal 258
Lamb, Henry, Obituary 423
Lampson Tube System 240
Landon, D. N., Appointed Editor of Guy's Hospital Gazette 135
Marriage of 341
Resigns Editorship of the Gazette .. 458
Lane, R. E., Appointed to the Government's Research Study Group on Toxic Chemicals 341
Lawn Tennis Club 45
v. St. Thomas's Hospital (Inter-Hospitals' Cup Final) 337
Ladies :
Results 219, 257
v. Royal Free Hospital (Inter-Hospitals' Cup 1st Round) .. 204
v. St. Mary's Hospital (Hospitals' Cup Final) 294
Lees, J. M., Obituary 196
Letter Rack in Colonnade 1
Lewis, Walter, Obituary 118

PAGE

London University Beer Drinking Competition 129
Lovegrove, Nurse J., Red Cross in Morocco 90

M

McArdle, Brian, Elected F.R.C.P. .. 193
Maccabaean Prize and Medal 277
Mac Keith, R. C., The Theory and Practice of Reassurance 138
MacManus, Emily 20
Magazine Review 46
Marks, Morton, Death of 174
Obituary 176
Marriages .. 34, 52, 72, 134A, 154, 172, 192, 206, 222, 238A, 258A, 294A, 310, 338, 362, 384A, 404, 440, 456A, 476A
Marshall, Sir Geoffrey, Awarded Weber-Parkes Prize 421
Masters, P. L., E. Coli as a cause of Enteritis in Childhood 297
Meadow, Roy, Appointed Assistant Editor of Guy's Hospital Gazette 135
Appointed Editor of the Gazette .. 458
Meckel's Diverticulum, By P. S. Boulter 77
Medical Research Council, Travelling Awards 324
Medical Summer School, By P. McD. Anderson and W. M. Rees 487
Medicine, Frederick George Larkin Prize in 153
Medicos Look at 10, 47, 127, 162 288, 303, 396, 431, 449
Mental Health Research Fund, Student Prizes and Travelling Fellowship in Psychiatry 277
Michael Harris Prize in Anatomy .. 153
Midland Thoracic Society 191
Miller of Mansfield 457
Milne, Ian, Doctors and Coroners .. 242
Moore, R. D., Appointed Principal Physicist to King's College Hospital 114
Morrell, John George 3
Motoring Club 50, 402
"Circuit of Kent" Rally 71
White Hart Rally 111
M. S. G., Two Days 446
Murray, B. R. P. and Potts, M. W., Blood Volume Estimation—A Review of Methods 120
Music in Retirement, By G. L. Davies.. 314

N

National Spastics Society 421
Presentation of an Electron Microscope 295
Neill, D. J., Appointed Head of the Department of Dental Prosthetics .. 406
Netball 204
Neville, Norman Alan, Death of .. 311
Obituary 300
New Entries 205, 363
New Guy's House 311, 340, 363
Open Day 405, 416
Some Observations on the Casualty Department of, By Patrick Clarkson 424
New Year Honours 32
Ninety-Three Years Ago 109
Nurses' Prizegiving 327, 433
Nurses' Scholarship, Cosmo and Mabel Bonsor 458
Nurses' Uniform 276
Nurses' Ward Duties 2
Nursing News .. 34, 72, 88A, 134A, 153, 171, 191, 205, 222, 238A, 258, 274, 294, 310, 326, 361, 384A, 404, 439, 476, 494A
Nursing Staff Vacancies 226, 313, 387, 419

O

Obiter Dicta .. 27, 38, 43, 137, 156, 241, 265, 267, 308, 323, 343, 365, 407, 423, 445, 465, 479

PAGE

Obituary :
S. Wilson Charles 196
C. V. T. Colling-Baugh 343
G. W. Dryland 75
H. J. Fuller 209
Roger Holland 116
T. B. Johnston 387
Henry Lamb 423
J. M. Lees 196
Walter Lewis 118
Morton Marks 176
John George Morrell 3
N. A. Neville 330
Bertie Lees Read 443
Air Vice-Marshal Sir Alan Filmer Rook 329
E. E. Soloman 313
Edgar Arthur Tomes 343
Mary Ela Waterman 76
Francis James Wheeler 365
Obscene Publicription 479
O'Hanlon, Kay 155
Old Miller of Mansfield 457
O'Neil, Raymund, Appointed Consultant Dental Surgeon 457
Operating Theatre Restoration, Wolfson Foundation Grant 478
Ophthalmology, Charles Oldham Prize in 153
Oppé, T. E., Appointed Assistant Director to the Paediatric Unit at St. Mary's Hospital 478

P

Paediatric Research, Department of .. 393
Prince Philip Chair of 363
Paper's by Guy's Men .. 18, 34, 51, 72, 88A, 112, 134A, 154, 172, 192, 205, 222, 238A, 258A, 274A, 294A, 326, 338, 361, 384A, 404, 420, 440, 456A, 476, 494A
Pass List :
Bar Final Examination 456
Chartered Society of Physiotherapy 51, 274, 494A
Conjoint Board, D.A. 309
D.C.H. 191, 403
D.L.O. 50, 309
D.M.R.D. 50, 191
D.O. 191
D.Path. 309
D.P.M. 50, 309
D.T.M. and H. 403
L.R.C.P., M.R.C.S. 18, 51, 134, 191, 258, 273, 384, 325, 403, 420, 476
Medical Council of Canada, L.M.C.C. 18
Royal Australasian College of Physicians Membership 238A
Royal College of Obstetricians and Gynaecologists Diploma .. 18, 205, 476
Membership 71
Royal College of Physicians of Edinburgh, M.R.C.P. 191, 205
Royal College of Physicians of London, M.R.C.P. 205, 309, 439
Royal College of Surgeons of Canada, Fellowship 18
Royal College of Surgeons of Edinburgh, Fellowship 205, 476
Royal College of Surgeons of England, Diploma in Orthodontics 205
F.D.S. 18, 112, 403
F.F.A. 33, 403, 420, 494A
F.R.C.S. 17, 112, 238A, 258, 439, 494A
L.D.S. 18, 153, 205, 274, 309, 384, 456, 476
Society of Apothecaries of London .. 71, 191, 273, 294
Society of Radiologists 88A
State of New York, M.D. 205
State of Wisconsin, Doctor of Medicine 361
University of Adelaide, Doctor of Medicine 238A

PAGE

Pass List—*Continued.*

University of Cambridge, Doctor of Medicine 337
M.B., B. Chir. 33, 134, 274
M.S. 112
University of London, B.D.S. 33, 326
B.Sc. (Physiology) 337
Diploma in Public Health .. 403
D.Sc. 258
M.B., B.S. .. 191, 221, 325, 403, 456, 476
M.D. 17, 33, 171, 205, 221
M.S. 221, 258
Ph.D. 205
University of Oxford, B.M., B.Ch. .. 17, 153, 273, 337, 384
Doctor of Medicine 112
Passim .. 1, 19, 35, 53, 73, 89, 113, 135, 155, 173, 193, 207, 223, 239, 259, 295, 311, 327, 339, 363, 385, 405, 421, 441, 457, 477
Pathology, Beauey Prize in 153
Personal .. 18, 34, 52, 72, 88A, 112A, 134A, 154, 172, 192, 206, 222, 238A, 258, 274A, 294A, 310, 326, 338, 362, 384A, 404, 420, 440, 456A, 476A, 494A
Photographic Society 226
Physical Society, see Pupils' Physical Society.
Physiology Department, Book Missing 110
Physiology, Wooldridge Prize in .. 153
Pilkington Committee 155
Poetic Apathy 253
Polani, P., Appointed to the Prince Philip Chair of Paediatric Research .. 363
Polio, Thoughts on, By H. Foster .. 480
Porter, N. H., Arris and Gale Lecturer 421
Potts, M. W. and Murray, B. R. P., Blood Volume Estimation—A Review of Methods 120
Prince Philip Chair of Paediatric Research 363
Public Health Expeditions 193
Pupils' Physical Society .. 3, 53, 115, 194, 209, 442

Q

Queen Elizabeth, the Queen Mother, Nurses' Prizegiving 327
Visit to Guy's Hospital 405
Quodlibet Society .. 8, 38, 91, 129, 209, 253, 407

R

Rees, Edward, High Sheriff of Carmarthenshire 114
Rees, W. M. and Anderson, P. McD., Medical Summer School 487
Refugee Year, International 113
Refugee Year, World .. 36, 130, 136, 194
Collection for 89
Prize Competition 137
Students' Union Draw 110
Reiter's Syndrome, By A. S. Grimble (Clinical Lecture) 54
Remembrance Day Service 421
Residents' Ball 115, 174
Residents' Play 92
Read, B. Lees, Death of 421
Obituary 443
The Rebuilding of Guy's Hospital—VI 344
Return to Full Function, By Roy Webb 230
Reviews :
Adams, Outline of Orthopaedics .. 270
Adriani, Fundamentals of General Anaesthesia for Students and Practitioners of Dentistry .. 15
Alstead, Dilling's Clinical Pharmacology 472
Applegate, Essentials of Removable Partial Denture Prosthesis .. 85
Bailey, Physical Signs in Clinical Surgery 320

PAGE

Reviews—*Continued.*

Bass, Lung Function Tests—An Introduction 16
Bayliss, Principles of General Physiology (Volume 1) 14
(Volume 2) 471
Behrman, Fundamentals of Gynaecology 134
Best and Taylor, The Living Body .. 170
Bett, Short History of Nursing .. 236
Bishop, The Early History of Surgery 452
Bogdan, The Newly Born Infant .. 452
Brauer and Richardson, The Dental Assistant 292
British National Formulary, 1960 .. 292
Brodal, The Cranial Nerves—Anatomy and Anatomico—Clinical Correlations 68
Campbell and Dickinson, Clinical Physiology 320
Cappell, Muir's Textbook of Pathology 133
Clarke, Badger and Sevitt, The Modern Trends in Accident Surgery and Medicine 168
Crossen, Beacham, D. W. and Beacham, W. D., Synopsis of Gynaecology 232
Crow, A Synopsis of Biology .. 321
Davenport, The Bachelor's Baby .. 358
Davidson, The Principles and Practice of Medicine 291
DeWeese and Saunders, Textbook of Otolaryngology 236
Dick-Read, Childbirth Without Fear 306
Douthwaite, Hale-White's Materia Medica 132
Eastham, Biochemical Values in Clinical Medicine 290
The Faculty Board of Medicine Final M.B., Papers 48
Flach and Regan, Chemotherapy in Emotional Disorders 491
Fowell, Biology Staining Schedules for First-Year Students 13
Fowler, Aid to Forensic Pharmacy .. 268
Frost, Hypnosis in General Dental Practice 235
Gale, Epidemic Diseases 201
Garland and Perkes, Midwifery. (A Textbook for Pupil Midwives) .. 323
Harlow, Modern Surgery for Nurses 16
Harrison, A Textbook of Human Embryology 269
Hess and Muhler, Laboratory Manual of Biological Chemistry for Students of Dentistry 148
Hewitt, An Atlas of Human Brain and Spinal Cord Sections 401
Home Guide for the Diabetic .. 169
Hoskins and Bevelander, Outline of Histology 236
Houghton, Aids to Tray and Trolley Setting 473
House and Pansky, A Functional Approach to Neuroanatomy .. 492
Illingworth, A Short Textbook of Surgery 132
Inglis and Campkin, General Anaesthesia for Dentistry 473
Jones, An Approach to Occupational Therapy 293
Kilpatrick, High Speed and Ultra Speed in Dentistry 15
Kruger, Textbook of Oral Surgery .. 235
Kruyt and Overbeek, An Introduction to Physical Chemistry for Biologists and Medical Students .. 493
Lancet, Socrates on the Health Service 452
Lawson, A Synopsis of Fevers .. 358
Lewis, Introduction to Pharmacology 291
Lister, The Clinical Syndrome of Diabetes Mellitus 85

PAGE

Reviews—*Continued.*
Lyle and Cross, May and Worth's Manual of Diseases of the Eye .. 290
McCracken, Partial Denture Construction, Principles and Techniques .. 321
Maguire, The Sea My Surgery .. 235
Mant, Forensic Medicine, Observation and Interpretation 13
Miller, Early Diagnosis 217
Nachmansohn, Chemical and Molecular Basis of Nerve Activity .. 400
Nightingale, Physics and Electronics in Physical Medicine 14
Oliver and Davis, Pulse—New Look, May 1960 217
Orban and Wentz, Atlas of Clinical Pathology of the Oral Mucous Membrane 472
Ostlere and Bryce-Smith Anaesthetics for Medical Students .. 399
Pappworth, A Primer of Medicine .. 269
Peterson, Children in Practice .. 269
Pharmaceutical Press, Dental Practitioners' *Formulary* 320
Resnick and Barrett, Metabolic Disturbances in Clinical Medicine .. 169
Riffle, The Mouth—Its Clinical Appraisal 323
Ritchie, Stroke, a Diary of Recovery 307
Robinson, Family Planning .. 308
Rose and Carless, Manual of Surgery 306
Ryan, Thornell and Von Leden, Synopsis of Ear, Nose and Throat Diseases 168
Salzmann, The Aetiology and Arrest of *Pre-Eclamptic Toxaemia* with Early Ambulant Treatment .. 473
Savage, Practical Electrotherapy for Physiotherapists 322
Schamroth and Segal, An Introduction to Congenital Heart Disease .. 202
Scott, The *Principles and Practice of* Electrotherapy and Actinotherapy 322
Scott and Dixon, Anatomy for Students of Dentistry 254
Simeons, Man's Presumptuous Brain 451
Singer, A History of Biology .. 148
Smith, *Psychiatry : Descriptive and* Dynamic 169
Souttar, Textbook of British Surgery 167
Stacy, Biological and Medical Electronics 357
Sutherland, A Synopsis of Pharma*cology*—*With Special Applications* to Dentistry 307
Swenson, Complete Dentures .. 68
Swenson and Terkle, Partial Dentures 202
Thompson, Practical Dietetics .. 290
Thomson, The Searching Mind in *Medicine* 323
Thorek, Illustrated Pre-Operative and Post-Operative Care 292
Thorpe, Biochemistry for Medical Students 451
Trevor-Roper, Lecture Notes on Ophthalmology 293
Tucker, Active Alerted Posture .. 400
Vaughan, Doctors' Commons .. 237
Walsh, General Anaesthesia for Dental Surgery 268
Wheeler, A Textbook of Dental Anatomy and Physiology 15
Wiles, Essentials of Orthopaedics .. 168
Wilkinson, Body Fluids in Surgery .. 234
Willis, Anaerobic Bacteriology in Clinical Medicine 492
Rifle Club 44
Rook, Sir Alan Filmer, Obituary .. 329
Rowing 238
United Hospitals' Winter Regatta .. 453
v. Westminster 453
Royal College of Obstetricians and Gynaecologists' Council 238
Fellowship 238

PAGE

Royal College of Physicians of London, Election of Fellows 193, 205
Examiners 309
Royal College of Surgeons of England, Council 258
Evelyn Sprawson Prize 33
Handcock Prize 135
Lady Cade Medal 258
Royal Society, P. A. I. Gorer elected a Fellow of 135
Royal Society of Medicine, Election of Officers 309
Honorary Fellowship 208
Rumball, C. A., Created K.B.E. .. 240
Rushton, M. A., Awarded C.B.E. .. 223
Awarded Honorary LL.D. Toronto .. 90

S

Sailing Club 71, 204
Saint, Reverend A. J. M., Appointed Chaplain 36
Licensing Service 175
Schofield, Grace Florence, Appointed Second Assistant Matron 224
Science Club, Guy's Hospital 342, 407, 442
Sells, Robert, Appointed Assistant Editor of the Gazette 458
Sheffield, W., A Medical Career in the Federation of Rhodesia and Nyasaland 74
Simpson, C. Keith, Elected Honorary Member of the Crime Writers' Association 240
Sims—Black Travelling Professor .. 113
Sims' Commonwealth Travelling Professors 224
Sixty Years Ago .. 156, 226, 278
Sixty-five Years Ago 50
Sladen, N. St. Barbe, In the Chair .. 164
Soloman, E. E., Obituary 313
Sotheby's Sale of Books 208
South Australia, Guy's Dinner in .. 74
Sports Day 195, 219, 227
Sports Reports 327
Squash 203, 439
Cambridge Week-end 454
Cumberland Cup 454
Results 475, 494
v. King's College Hospital (Inter-Hospitals' Cup 1st Round) .. 454
Stamm, T. T., Proposed Foot Survey .. 81
Students, New Entries 382, 403
Students' Club, Annual General Meeting 20
Mural 364
Union, World Refugee Year 110, 240
Prize Competition 137
Surgical Exhibition on the Jaw .. 225
Swimming, Nurses, Inter-Hospitals' Events 387
Physiotherapy School, Inter-Hospitals' Gala 402
Symonds, Sir Charles, Hughlings Jackson Memorial Lecture 208

T

Tanner, Sister J. R., Appointed Matron of King's College Hospital 113
Engagement of 259
Teaching Rounds (Passim) 173
Television Demonstration 477
Tetanus, *Prevention of, Discussion on* .. 21
Tetanus Prophylaxis Discussion .. 19
Thatchings, The 331
Piano required 208
Theatre Club 407
Gala Premiere 84, 90
"*Gethsel*" *by Martin Bax* 144
"I am a Camera" 260, 466
Theory and Practice of Reassurance, By R. C. Mac Keith 138
Thirty Club 175
Annual Dinner of 37
Timms, Miss E., *Death of* 19

PAGE

Toe Nail, Ingrowing, A Treatment of, By A. S. Woolstone 395
Tomes, Edgar Arthur, Obituary .. 343
Tomkinson, J. S., Elected to the Council of the Royal College of Obstetricians and Gynaecologists 224
Tooth Paste Trial 260
Tracheostomy 19
Transatlantic Perspective 156
Treasurer's Medal and Prize for *Clinical Medicine* 294
Treasurer's Medal and Prize for Clinical Surgery 294
Trinidad General Hospital Appointments 421
Twenty-five Years Ago 448
Two Days, by "M.S.G." 446

U

University of London, Boards of Studies 50
Examiners 112, 359
Readerships 151, 224 258
Teachers 17, 50

V

Vapour Baths for Home Use 226
Veall, Norman, Work with Radioisotopes 114

PAGE

W

Waiting to be seen (Passim) 35
Wall, John, Resigns Editorship of Guy's Hospital Gazette 135
Ward Duties for Nurses 2
Water Polo 50
Waterman, Mary Ela, Obituary .. 76
Webb, Roy, Return to Full Function .. 230
Weber-Parkes Prize, Awarded to Sir Geoffrey Marshall 421
Wheeler, Francis James, Obituary .. 365
Whimster, W. S., Elected F.R.C.P. .. 193
Wills Library Stocktaking 296
Windermere—An Experiment in Student Medicine, by Nicholas Cohen .. 197
Winston, George, Presentation to, by the Rugby Football Club 194
Wolf, Peter, Dental Extractions in Haemophiliacs 279
Wolfson Foundation, Grant by .. 478
Wood, Faith, Awarded British Red Cross Badge of Honour 114
Wooldridge Prize in Physiology .. 153
Woolstone, A. S., A Treatment of Ingrowing Toe Nail 395
World Refugee Year .. 36, 130, 136, 194
Collection for 89
Prize Competition 137
Students' Union Appeal 240
Students' Union Draw 110

WILLS LIBRARY

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1864 *2nd January* 1960 *One Shilling*

PASSIM

VOLUME LXXIV of the *Gazette* since it re-commenced publication—there are many landmarks in the year which seem to rush towards us, recurring with a frequency that makes the years seem short indeed. The Varsity match, the Alamein reunion, the Cup Final, events great and small can bring us up short, to think "Surely it cannot be a year since last time ?" To those of us who produce this New Year issue of the *Gazette*, the occasion is agreeably familiar. The retreating Christmas festivities, the change of date, are so reminiscent that 1959 seems to have made a very fleet passage, punctuated by twenty-six issues, each of which makes a fortnight seem a very brief span. We have also, as it happens, noticed the increasing youth of policemen and the changing face of *Punch*, so perhaps the years will now slacken their increasing pace, as it seems to us. We are happy to be able to wish to all Guy's men and women, as is the privilege of the *Gazette* with each New Year, every happiness and every blessing in 1960.

Christmas was again marked by feasting and merry-making on a remarkable scale. Excellent fare from the catering staff, splendid decorations, which are described elsewhere in this issue, and a scintillating Christmas Show, contributed to a very Happy Christmas. The process of return to normal is now under way, with scores of admissions, heaps of paper and greenery awaiting cartage, and an atmosphere which can be expressed as—hard work, but well worth it !

We most warmly congratulate Miss Mary Borg, S.R.N., S.C.M., who has been appointed Matron of Joyce Green Hospital, Dartford, Kent.

There is an urgent need for a new internal letter rack in the Colonnade. Deeper and more easily identifiable pigeon holes are

needed. Meanwhile, every note put in the rack should have a date clearly written on it, and notice should be given that any note more than a week old will be transferred to a basket in Front Lodge, or another spot. Too many important communications are being missed by the intended recipients, in the plethora of paper which now disgraces the Colonnade.

After successfully testing it at the Guy's unit at New Cross Hospital, Matron has introduced a new system of training on the special wards, *Ruth* and *Barnabas*, where the eye beds live. York clinic, orthopaedic and ENT beds will soon be all included in the scheme, whereby each nurse spends eight weeks duty on each special ward: five weeks of day duty, fourteen nights on night duty, and one week free. This will obviate the difficulty of ensuring that each nurse sees each type of special case by day. Inevitably at present some nurses spend all their time on, for instance, the eye ward, on night duty, when they will rarely see an eye dressing changed or have organized teaching at the bedside.

About thirty of the forty Residents are in the College on any evening in the week. As at other hospitals, where sandwiches and coffee are usual, some food is provided in the late evening for Residents. On one evening last week the tray which appeared in the Residents' room bore, proudly, half a round of cheese and pickle sandwich, threequarters of a chocolate éclair and three large cream horns. This made a change from the usual box of cheese spread, eight pats of butter and a sliced loaf.

GUY'S DIARY

JANUARY			Exhibition. *Famous Names in Surgery.*
1st	F	1.00	Dr. Joiner. Clinical Lecture. *Diseases of the Arteries.*
4th	M	1.00	Dr. Baker. Clinical Lecture.
5th	T	1.00	Mr. Eckhoff. Clinical Lecture.
7th	Th	1.00	Mr. Grant Massie. Clinical Lecture.
8th	F	1.00	Dr. Kauntze. Clinical Lecture. *Subacute Bacterial Endocarditis.*
11th	M	1.00	Mr. Blaikley. Clinical Lecture. *Treatment of Carcinoma of the Cervix.*
12th	T	1.00	Mr. Blackburn. Clinical Lecture. *Nodular Goitre.*
15th	F	1.00	Dr. Houston. Clinical Lecture.
18th	M	1.00	Mr. Kinder. Clinical Lecture. *Congenital Abnormalities of the Upper Urinary Tract.*

NOTICES

ANNUAL DENTAL CLINICAL MEETING

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 5th March, 1960, and the Dental Society Dinner will be held in the evening. A detailed programme of the Meeting will be published in the *Gazette* on the 13th February, 1960.

PUPILS' PHYSICAL SOCIETY

A meeting was held on Thursday, 26th November, in combination with students from the Middlesex and St. Mary's Hospitals.

Patients, electrocardiographs, and coloured photographs of skin lesions were shown. The Society entertained its visitors to dinner, and this was followed by discussion.

The next meeting will be with St. Thomas' Hospital in January. The Society invites anyone who is interested to attend its meetings.

GUY'S HOSPITAL SOCIETY: BOURNEMOUTH AND WESSEX

The fourth Annual Dinner of the above Society was held at the Norfolk Hotel, Bournemouth, on Friday, 4th December, 1959.

Chairman : Dr. A. W. Cook.

The following members were elected to serve on the committee for the following year:—

Chairman :	Mr. A. W. Hilliam.
Vice-Chairman :	Dr. A. W. Cook.
Hon. Treasurer :	Dr. G. Westgarth-Taylor.
Hon. Secretary :	Mr. E. A. Weaver.
Committee :	Mrs. Chant, Dr. B. C. Morgan and Dr. R. G. Nicholson.

A most interesting and informative talk was delivered by " The Guest of the Evening" Mr. F. N. Glover, on " The Building and Equipment of New Guy's House ".

OBITUARY

JOHN GEORGE MORRELL, L.D.S.R.C.S.Eng.

Mr. John George Morrell of Queensgate, 80, Hartburn Lane, Stockton-on-Tees, one of five brothers who qualified as Dental Surgeons at Guy's Hospital, London, died in a Middlesborough nursing home on Saturday, 21st November, at the age of 85 years. The eldest surviving member of a well-known Stockton family, Mr. Morrell started his professional career as a pharmaceutical chemist taking his Ph.C., and winner of the Queen's prize, 1897, but qualified as a dental surgeon at Guy's in 1902.

He practised at Stockton from 1903 until his retirement in 1935. At one time he was a keen angler and a member of several angling clubs ; he was also an honorary member of Stockton Cricket Club for many years. A widower for 3 years, he is survived by his son, Dr. John A. L. Morrell, and daughter, Mrs. R. N. Young, wife of a Norton dental surgeon. Two of Mr. Morrell's dental surgeon brothers are still living at Scarborough and Bradford, Yorks.

THE DIAGNOSIS OF DIABETES MELLITUS

A Clinical Lecture given at Guy's Hospital, on 8th October, 1959

By CHRISTOPHER HARDWICK, M.D., F.R.C.P.

In most cases it is not difficult to make a diagnosis of diabetes. Mistakes, however, are made and when they do occur it is almost always because the disease had not been thought of—a not uncommon cause of misdiagnosis in medicine ! For instance :—

Case 1—During the war a recruit was referred by his unit M.O. to the Command urologist on account of enuresis of recent onset. Cystoscopy as an out-patient showed no abnormality and he was admitted to the wards for further study. To everyone's surprise he lapsed into unconsciousness 48 hours later because of diabetic ketosis.

Case 2—A woman of 32 was referred by her practitioner to a psychiatrist at a suburban hospital on account of frigidity. After 18 months of therapeutic conversations her condition had not improved and so she was referred to the psychiatric department at Guy's. Here, for the first time, her urine was examined and diabetes was discovered. It was not surprising that she had been frigid because it was found that she had had an undisclosed pruritus vulvæ for three years.

Case 3—A boy of 8 years, the tuberculous son of tuberculous parents, went into a decline one Spring. He became tired and listless, lost weight and had no appetite. However, his parents did not call in their doctor until he became unconscious early on Easter Sunday morning. A diagnosis of tuberculous meningitis was made and a domiciliary consultation was asked for. Fortunately the smell of acetone in the boy's room was so strong that the diagnosis was not difficult.

You should think of a diagnosis of diabetes particularly in the following circumstances :—

(1) In patients with the classical symptoms of loss of weight, lassitude, thirst and polyuria.

(2) When faced with any of the disorders which may accompany diabetes, such as peripheral vascular disease, peripheral neuritis, cataracts, carbuncles and recurrent boils.

(3) In obese subjects, especially when they have pruritus vulvae or balanitis.

(4) In coma, when there is ketosis and dehydration.

(5) In some cases the thinking will be done for you, when glycosuria is found at a routine examination for military service or life insurance.

It is not always necessary to do a glucose tolerance test in order to clinch a diagnosis of diabetes. In some cases it may be harmful to the patient and it is superfluous in the following circumstances :—

(1) In the presence of diabetic symptoms when a random blood sample has a sugar content of over 200 mgm. per 100 ml.

(2) In any patient when there is glycosuria and ketonuria.

(3) When the fasting blood sugar is over 130 mgm. per 100 ml.

There will be many patients with none of these findings and in these a glucose tolerance test may be of help. But do not think that this is an infallible test which always gives an unequivocal answer.

There is of course no laboratory test which is infallible and it is seldom that a particular diagnosis can be made on the strength of a single test.

The Glucose Tolerance Test

Sugar tolerance is not a static quality—it varies in the same patient from time to time, it varies from individual to individual and it is influenced by diet, drugs and by diseases other than diabetes.

In normal subjects under average conditions the fasting blood sugar, estimated by the method of Folin and Wu, is about 100 mgm. per 100 ml. The range is from 80-130 mgm. but in practice it is much narrower than this and any figures over 100 mgm. per 100 ml. must be regarded with suspicion.

After the ingestion of the test dose of 50 gm. of glucose there is a prompt rise in the level of the blood sugar, which reaches a maximum of about 150 mgm. in half or one hour; the level then falls and the fasting value is reached in two-and-a-half hours.

Diet may influence the result of the test considerably. If the patient is in the habit of eating an excess of carbohydrates, then the test dose of glucose makes little difference to the level of blood sugar and a flat curve results. If, on the other hand, the patient is deprived of carbohydrates then, after the 50 gm. glucose, the blood sugar rises to abnormal levels and as a result diabetes may be diagnosed. This is an important practical point ; often a patient will present himself with vague symptoms of ill-health and in the course of a routine examination glycosuria, without ketonuria, is found. Arrangements are then made for the patient to attend at hospital for a glucose tolerance test. Often this appointment cannot be made for several days and in the meantime the patient is advised to give up sweets and jam and to eat less bread and potatoes. In some cases the result of the test after this low carbohydrate diet may be very misleading.

Drugs, particularly barbiturates, may influence sugar tolerance considerably. This was shown by Dr. Merivale a few years ago (Merivale and Hunter, 1954). In a series of 15 patients who were addicted to or who were taking large doses of barbiturates, not one patient gave a normal response to a glucose tolerance test. Some curves were flat, some high and in a few there was a fluctuation between hyper- and hypoglycaemia in the two-and-a-half hour period.

Diseases such as thyrotoxicosis and acromegaly may be associated with a raised blood sugar, which returns to normal when the endocrine disturbance is cured. Steroid medication can also cause a deterioration in sugar tolerance and in some cases the resulting diabetes may be permanent.

In the diabetic the glucose tolerance curve may show two or even three abnormalities.

(1) It may start high.
(2) It may rise too high.
(3) It may remain high for too long.

These criteria allow for the recognition of two abnormalities which are regarded as being benign. A lowered renal threshold may allow sugar to appear in the urine with blood sugar levels below the

usual threshold of 160 mgm. per 100 ml. This is often a familial condition and does not predispose to, or lead to diabetes. A lag storage curve is said to occur when both the fasting and two-and-a half hour values are normal but the intermediate values show an abnormal rise after glucose; the renal threshold may be exceeded, so that sugar appears in the urine. Ketonuria, however, never occurs.

If a diabetic response is obtained the levels of the blood sugar are not necessarily a guide to the severity—or the permanence of the patient's diabetes. The severity of diabetes is measured by the size of the dose of insulin required, by the speed with which complications may develop and by the ease with which control is maintained.

Although classical diabetes—the acute disease with loss of weight, thirst and polyuria and a liability to ketosis, is permanent, this is not true of all forms of diabetes and in particular with that associated with obesity, as the following case illustrates.

Mrs. L., aged 55, was seen in 1949 complaining of pruritus vulvæ which was associated with glycosuria. Her weight was 12 st. 8 lb. Her glucose tolerance test was :—

Time :	0	½	1	1½	2	2½	hours
Blood Sugar :	130	230	296	230	194	160	mgm. %
Urine Sugar :	sugar in all specimens.						

She was placed on a reducing diet and a year later, when her weight was 11 st. the figures for the test were :—

Time :	0	½	1	1½	2	2½	hours.
Blood Sugar :	99	155	172	116	110	97	mgm. %
Urine Sugar :	0	0	+	+	0	0	

Interestingly enough, she has recently returned to the clinic this year, again with symptoms and glycosuria, but weighing only 8½ stones and the figures for the test were :—

Time :	0	½	1	1½	2	2½	hours.
Blood Sugar :	256	374	396	394	374	310	mgm. %
Urine Sugar :			++			++++	

This patient appeared to have diabetes in 1949, a year later sugar tolerance had returned to normal, although there was a slight renal leak of glucose. This satisfactory state of affairs persisted for 8-9 years, when her sugar tolerance again broke down.

Pre-Diabetes

Although it is admirable to diagnose a disease correctly as soon as the typical symptoms appear it is even better to make the diagnosis before symptoms have occurred. Diabetes mellitus is one of the few diseases where this is possible.

Heredity : That heredity plays a considerable part in the natural history of diabetes is soon impressed upon anyone who works in a diabetic clinic. At this hospital we have mothers and daughters, fathers and daughters, brothers and sisters and sisters, including a pair of twins. In addition there are many patients who give a history of the occurrence of the disease in deceased relatives. Inheritance appears to be by a Mendelian recessive factor.

Another aspect of this has been given by surveys amongst the relatives of diabetics, in whom an unusually large number of abnormal glucose tolerance tests is found.

Obesity : It has been estimated that 60% of all diabetics are, or have been grossly overweight when they develop the disease.

Figures are not available to show what proportion of fat people develop diabetes but it is amongst such subjects that you will anticipate the development of glycosuria as they grow older. As we have seen, correction of the obesity may result in a return of sugar tolerance towards normal—at any rate for a time.

"*Pre-diabetes*": The occasional occurrence of glycosuria during the latter weeks of pregnancy has been known for a long time. (Jackson and Woolf, 1957).

More recently it has been shown that many women who develop diabetes in middle age give a history of having had large babies—over 9 lbs. in weight—many years before. Investigation during the puerperium of mothers who have had large babies has revealed that many of them have abnormal carbohydrate metabolism, even though they have no glycosuria or other diabetic symptoms. Although in some cases the glucose tolerance test returns to normal within a few weeks of delivery some of these patients have been watched long enough to see their tolerance break down again and permanent diabetes develop.

Mrs F., aged 31, was found to have glycosuria in the 39th week of her second pregnancy. Her mother was a diabetic and her sister had died from the disease. Her first child, 2½ years previously, had weighed 10 lb. 2 oz. at birth. A glucose tolerance test was diabetic. After induction she was delivered of a child which weighed 10 lb. 11 oz. The baby was typically ugly, œdematous and weak.

This patient's diabetes was easily controlled by diet alone and she never showed ketosis. It is too early to say whether her sugar tolerance will return to normal but it may well do so—for a time.

A more complicated case, which raises problems both of diagnosis and ætiology is the following:—

Mrs. C., aged 35, had a bad obstetric history, with three miscarriages before the third month and a single live birth of a boy, who weighed 8 lb. 9 oz. She was seen in October, 1958, when she was pregnant for the fifth time and had glycosuria. The glucose tolerance test was:—

Time:	0	½	1	1½	2	2½	hours.
Blood Sugar:	88	120	115	97	94	53	mgm. %

Urine Sugar: glucose was present in all specimens.

In June, 1959, the glucose tolerance test was unchanged:—

Time:	0	½	1	1½	2	2½	hours.
Blood Sugar:	76	149	144	96	68	73	mgm. %

Urine Sugar: again sugar was present in all specimens.

In September, 1959, she was delivered of a stillborn child, weighing 11 lb. Externally this child was gross and œdematous and at autopsy the pancreas was reported as being enlarged. In October, 1959, the glucose tolerance test was still normal. The figures were:—

Time:	0	½	1	1½	2	2½	hours.
Blood Sugar:	90	136	148	134	124	91	gmm. %

Urine Sugar: again glucose was present in all specimens.

Is this lady a potential diabetic? Should we pay more attention to the obstetrical details rather than the glucose tolerance test in diagnosing pre-diabetes? Personally I think that she will develop diabetes in the future. If this is so, then this case suggests that hyperglycaemia is not responsible for the big babies of diabetic mothers.

When there is real doubt about the diagnosis, or when pre-diabetes is suspected, then the blood sugar should be estimated by a

method, such as that of Folin and Wu, which measures the total reducing substances in the blood. Dolger (1959) has found that reducing substances other than glucose may increase before there is any rise in the blood glucose. The estimation of the 'true' blood sugar will, therefore, fail to show any abnormality and a misleadingly normal glucose tolerance curve will result.

Diabetes Detection Drives

The introduction of the glucose-oxidase method of testing the urine for the presence of sugar has made practicable the rapid testing of large numbers of specimens of urine. Marketed under the names 'Clinistix' and 'Testape' the method is specific for glucose. It is very sensitive and will detect 0.1% of glucose. The method is qualitative and not quantitative, as are Benedict's test or the more efficient Clinitest reaction. It has, therefore, no place in the day-to-day control of known diabetics.

A survey of the incidence of diabetes in a single community has recently been carried out by Dr. Joan Walker in the Leicestershire village of Ibbstock. This is a relatively isolated village of 5,405 people and 81% of these had their urine examined. There were 32 known diabetics and an additional 167 cases of glycosuria were found. These seemed to fall into three groups :—

(1) Transient or intermittent glycosuria with a normal glucose tolerance test.

(2) Persistent glycosuria with an intermediate type of test (pre-diabetes).

(3) Persistent glycosuria with a true diabetic type of test (latent diabetes).

The number of cases unearthed by this survey must make us think of the many people there must be in this country today who have a slowly smouldering diabetes. A disease which will not be recognised until either it bursts into activity and produces the classical symptoms or until it has caused irreversible changes in the retina or the peripheral arteries.

References

DOLGER, J. B. (1959). Colloquium on Diabetes, Guy's Hospital.
HUNTER, R. A., MERIVALE, W. H. H., SMITH, A. J. (1955). *Lancet*, *2*, 1353.
JACKSON, W. P. U., WOOLF, N. (1957). *Lancet*, **1**, 614.
WALKER, J. B. (1959). *Proc. Roy. Soc. Med.*, **52**, 822.

The Quodlibet Society

Mr. Francis Williams is the guest of the Society at the next meeting on Thursday, 14th January, at 8 o'clock p.m. He will speak on "The Power of the Press."

Mr. Williams was adviser on Public Relations to Mr. Attlee during the post-war Labour Government and his recent account of the Attlee-Morrison wrangle has aroused much interest. He now writes a weekly column of Press criticism in the *New Statesman*.

Christmas in the Wards, 1959

The cryptic cardboard shapes outside the wards, the secret hammerings of hidden students, and the tireless efforts of nurses, firms and their patients, again produced Christmas decorations of a range and profusion which delighted and astonished those who made the tour of inspection.

We went first to Hunt's House, and found the general Christmas theme faithfully adhered to in *William Gull*, where tiny storks flew in circles in a mobile, and fairytale characters appeared on the X-ray screens in delightful black silhouettes worthy of Lotte Reiniger. Down one floor to *Diplock* and *Caleb*, stepping from the quay into a seaborne world, with anchors, galleons and seafarers abounding, and a stalwart central lighthouse in whose lofty heights Father Christmas must have spent Christmas Eve, since he emerged thence on Christmas morning to distribute presents to the assembled Mer-Children (Dr. Simon Nurick, the children's House Physician). The children had a party on Christmas afternoon, when Mr. Colin Bullock, the Resident Dental House Surgeon, engaged them with his magic and spells, scores of lusty voices eagerly shouting his magic words for him and vociferously enjoying the performance.

In *John* and *Miriam*, four corners of the world were met together. A clutch, or a gaggle, or should we say a cuddle of Koala bears, swarmed around the Australian half of *John*, while Olde England was represented by a placid, peaceful and very accomplished pub—a Mann's house, needless to say—the Jerk and Hammer, Igloo and polar bear from Iceland, and cosmopolitan gaiety from Hong Kong, made excellent contrasts in *Miriam*. A beautiful Christmas crib caught the eye in *Mary*, where one proceeded through sputniks and rockets to the outermost point—is it apogee or perigee ? This was Christmas of the future, but returning on the opposite side of the moon, we tumbled back to two centuries ago, with a bottle-windowed, cheerful herbalist's shoppe run by Messrs Hardclean and Macwick.

Wilks presented a review of the events of 1959, with the Queen's Canadian visit taking pride of place, and including the Blériot race, the opening of M1, the Hovercraft (labelled, aptly enough, SRN-1 !), and in the theatre, West Side Story. *Bright* showed us Christmas as it was—four in a four poster bed, with Sister's Skirts sweeping the ground—and as it will be—nurse with her feet up on the bed, a robot Big Sister watching, and notable futuristic mobiles. There was a very pleasant crib above the fire place, with figures made by a patient.

Addison presented a noble and extraordinarily accomplished pair of stained glass windows, dominating excellent ward decorations, which included Santa Claus lampshades. *Victoria* was a winter sports centre in Division I, assuring visitors that they will want to return again, year after year ! A reindeer pointed the way to Division II, where a gingerbread cottage nestled in a forest while Hansel and Gretel slept beneath a tree. In *Barnabas*, Television Playhouse was the theme with an awe-inspiring horse leaping the ward with a Wagon Train in tow. *Ruth* was the Milky Way, with Daisybelle, the Milk Marketing Board's pet cow, ruminating and fluttering her eyelashes with unnerving realism, while she awaited tail X-ray and horn biopsy.

In Nuffield House, "something fishy" was the preoccupation of *Theatres*, where the floating denizens included a funny, long, little monster which looked like a dachsfisch. *A Floor* bid us "*Bienvenue à Paris*", with a Métro entrance at the lift door, a gendarme so real that we apologized to him, and a rare selection of *art nouveau*. We were in a battlemented castle from Merrie England on *B Floor*, with Henry VIII in his clock tower, and a large cannon to ensure that all was well. There was a most attractive crib on *C Floor*, where a landscape of a countryside on Christmas night, painted on glass, deserved longer life than the brief Christmas spell which inspired it will allow. *D Floor* made good use of a floral theme.

We travelled by Underground to *York Clinic*, and found ourselves, suitably, in Trafalgar Square on the first floor, where Nelson stood happily on his monument, surrounded by flitting pigeons, and by furry and not-very-fierce Landseer lions. The second floor used nature's most remarkable flowers as décor, to take us "out of this world". A floral arch led to the "land of make-believe " in the third floor, with St. Nicholas in procession through the snow. The crib graced the gentle decor of the fourth floor, representing the "night sky".

Guy's House will suffer a sea change by next Christmas, so that it was pleasant to find, so brilliantly executed, the theatrical décor in *Theatres*. One surgeon admitted that "I am a Camera" in his advertising poster, another offered 3d. back on thoracotomy bottles, another cried "Nils desperandum—I shall correct the Crooked (S)Mile." The registrars—the "chorus"—were told that there was no end o'scope on a desert island. *Patience* and *Samaritan* announced "positively the last appearance of this unique ward", and showed a top-hatted doctor and extraordinarily ill patient of 1725. The original beds and bedding, with great public spirit, were offered for sale by auction.

Below the theatre floor, *Christopher* showed us the Wild Wood, with the woodland seasons well illustrated. Mr. Badger dodged the needle-sharp icicles, and a great tree grew through the floor. *Job* offered a restrained and pleasant decor of Christmas bells, while *Luke* was a hillside on which King Wenceslas, his page and the poor man wended their convincing way. The ghost of a very senior surgeon wafted through *Lydia*, in fluttering white garments and theatre cap, guarding a most appealing Aladdin's cave. Beyond the cave, in *Queen*, we found "nomadic nonsense", with Eskimo in his igloo, Romany caravan, Indian wigwam and cave occupied by cave-baby (father was at a party). This was one of the best decorated wards in the Hospital.

Astley Cooper had a model lake and skaters, with skiers speeding down snowy slopes toward it, in their winter sports décor. *Dorcas* illustrated Christmas fare, with boar's head and other exotic feasts set out. Their crib was most attractively made. Finally, in *Sarah Swift* we found Hansel and Gretel in a wonderful forest of fir and silver birch, with an irresistible gingerbread cottage, and a most resistible witch.

The Christmas Show will be reviewed in the next issue of the Gazette, when photographs of Christmas at Guy's will also appear.

MEDICOS LOOK AT . . . . .

Perhaps a few comments on a play about coloured people in America are not inappropriate in view of the publicity given to Jan Steytler the the *Times* of 17th November. It is not only *apartheid* in South Africa but also Little Rock in America, Nyasaland in Central Africa and the Notting Hill race riots in London which remind us that the problem of real social equality between all people is with us. *a raisin in the sun* (the lack of capitals looks like one of those irritating gimmicks) was a play by a coloured author, Lorraine Hansford, about coloured people in Chicago and it won the Critics' Award in New York about twelve months ago. It ran at the Adelphi Theatre for about three months in the late summer of this year.

A striking feature of the play was the way in which it made one feel that one was watching a family, any family, solving its personal and social problems as well as the problem of their being coloured. It was concerned with the family arranging to move into a district in Chicago which is exclusively white and the attempt by the local white residents' committee to bribe them not to go. This situation, however, was used to heighten the moral dilemma of the family in relation to their own problems as well as to make white people ashamed of their hypocritical rationalisations explaining why they did not want a coloured family to move into their district.

The story of the play was the not uncommon one of the disabilities suffered by people who live in an overcrowded flat, of the windfall of an insurance which enabled them to put down enough money for a mortgage for a bigger house and the ambition of a not very bright son who thought that with the money he could set himself up in business and make a great deal more than he earned as a chauffeur. We saw the family as a unit held together by the matriarchal mother and at the same time were shown the individual members of the family with their individual problems. It was somewhat surprising to find a coloured author portraying the mother as a woman of simple religious feeling and speaking a language which was at times almost biblical. Juanita Moore acted this almost platitudinous part with a dignity and simplicity which was most moving. The part of the son was played by Earle Hyman with a vigour which seemed at times to be somewha

exaggerated. It was obvious that on the whole he was not a pleasant character—ambitious, unsympathetic to his wife and the rest of the family, foolish, taking to drink when faced with a problem. However, at the crucial moment he did what was morally the right thing. It was most welcome to see an author make her characters reject what was expedient and opportunist. One saw a man who had been cheated and robbed give up the opportunity to make good his losses by what could only be described as a degrading act. It should be added that the tension was excellently built up so that one was wondering what would happen in the final act.

The presentation of the teenager was of considerable interest. Although she was somewhat overplayed by Olga James who has a most unusual but attractive face, one got the impression that her problems were those of all other teenagers, whether it was her love affairs or her relations with her family or her attitude to religion and to her medical career. An unusual aspect of the play was the introduction by the author of the problem of African nationalism to which the daughter was attracted and one wondered what was intended when this subject was brought up. Did it only stimulate pride of race ? Could the American negro really think in terms of the nationalism of Ghana ? It seemed to a somewhat distant observer that the social problems of American coloured people will have to be solved in America and in American terms.

The play as a whole made a considerable impression because of its powerful and sometimes humorous dialogue and its mounting tension. It also appealed to the basic kindness of most people and their fellow-feeling for the problems of others.

* * * * *

It is of considerable interest to contrast this play with what can only be called a typical West-end drawing-room comedy which has not yet been seen in London but is at present touring the provinces. *The Night Life of a Virile Potato* by Gloria Russell (research has elicited that in this context the work 'potato' probably means 'person', more or less) contains in it characters and situations which guarantee that the dialogue will reach a banality and suggestiveness which it is hard to excel. The play takes place in the drawing-room of a Mayfair gynæcologist (an occupation which is almost suggestive in itself). His wife, who is a biologist specialising in artificial insemination of animals, has left him, and he has staying with him a young girl artist who goes in for modern abstract painting of a sort. By some chance the gynæcologist has been responsible for making both his wife and mistress pregnant at about the same time and in the course of the play they are each delivered of twins. The dilemma of the doctor is solved by his delivering the two women in his own house and letting it be known to the world that one of them, his wife, has had quadruplets. The final resolution of this situation need not be described.

What a wonderful set of characters for the type of dialogue which, one regrets to say, nearly convulses some audiences. "I gave up artificial insemination of the cows because I found that the bull was doing better." "He is a dentist and must find it dull looking into mouths all day. It must be much more interesting to be a gynæcologist." In one scene the young girl is telling her mother, who does not know that her daughter is pregnant, about the wonderful effects on her artistic life of being in London and finishes with, "I am expanding, mother". These are some examples, from memory, of the sort of dialogue one has to listen to throughout the whole play. One may add that there are some points of detail which a medical man finds irritating, for example the way in which the doctor takes the patient's pulse and the fact that taking a woman's temperature is a method of determining the onset of labour. The players deal competently with what they are asked to do and Sarah Churchill as the sophisticated wife of a Mayfair gynæcologist is good. One is a little doubtful about her also being a biologist. Avril Angers as the housekeeper acts well and her expression-less way of delivering some of her lines was especially funny.

One discusses this play mainly because it has been said to be as good as, if not better than, several West End successes. If that is the case it is sad to think that other much more worthwhile plays cannot even get into these theatres. Plays need not be serious nor need they be tragic, but they must have some relation to life. After a play like this one leaves the theatre with the words of Lear passing through one's mind, "Nothing will come of nothing".

Hospital

By a Converted Iatrophobe

They strive to make a 'thing' of me
Trample my personality
Dust me and move me, straighten me,

Sweep out the room's dear dusty nooks,
Lay witless hands upon my books,
Enrage me by their very looks.

Let in on sleep the garish day,
Take all my lovely dreams away,
And thoughts, the bricks with which I play.

They are the slaves of the machine
Ordered, meticulously clean
Moving within a set routine.

Surprised that I am still alive
They try to wake me up at five,
Buzzing like bees within a hive.

Here creatures of the human race
Lose both identity and 'face'
Becoming just another 'case'.

Doctors arrive and peer and press
Staff nurses stand in stiff duress
And faintly answer 'no' or 'yes'.

And if I ever go to sleep
Head arms and legs all in a heap
Someone is sure to come and peep

Nor will she softly go away
But bring a meal upon a tray
And beam 'And how are we today ?'

Such gusto, from the merest child,
Makes me, at times, completely wild,
But, putting on an aspect mild,

I say, suppressing what I think,
"O, I am simply in the pink
But is there anything to drink ?"

Sometimes the scene is grimly set
Transcending bounds of etiquette
Scenes it is easier to forget.

And sometimes Death looks in to see
But all is staged so carefully
And without fuss, that even He

The hooded one on rattling feet
Is quite put out of face to see't
And finds a more seductive beat

In some dark slum with humans piled
Where, closely huddled, man and child
And woman are with drink beguiled.

But look ! my fancy roving wide
Has now contrived to get outside
O how the management will chide !

Farewell good hospital ! I'll say
Before at last I go away
Back to the world, you shed a ray

Of kindness and maternity
That filtered through efficiency
And warmed the cockles——even of me !

R.C.

REVIEWS

Forensic Medicine, Observation and Interpretation. A. KEITH MANT, M.D.(Lond.). Lloyd Luke, London. Pp. 262. 42*s*.

Guy's has had a traditional interest in the field of forensic medicine since the days of the first great English expert in this field, Alfred Swaine Taylor, a hundred years ago : since Taylor, the School has turned out a stream of forensic experts—pathologists, toxicologists, even some half a dozen coroners—to give evidence of its strong interest in Legal Medicine. Now Keith Mant enters the field with a book that handles the duties of the doctor called to the scene, the police, C.I.D. and Coroner's Officer—and the forensic pathologist : this is the team that has to decide, often 'on the spot', what sort of case this is going to be, and it is their 'Observation and Interpretation' that forms the subject matter of this new textbook from the Guy's school. This is a thoroughly practical little book of some 250 pages, profusely illustrated with photographs that, in the main, show exactly what the text requires for illustration : that some should lack helpful captions, indeed have nothing but a 'Case No' attached is a defect the publisher will have to deal with. They are largely from the author's own practice and show how important this practical contact is to the University teacher in the subject. Mant sees things himself, has the experience to make both logical and useful deductions that will not mislead the police—and expresses himself in the sort of English that makes the book eminently readable.

This is no book for the student, for it does not attempt to deal with many matters doctors must know all about : certification, the coroner, medical ethics, negligence, procedure in courts, poisons law, prescription writing, criminal psychiatry—these have no place in a book of this kind. Mant has written for the doctor 'called to the scene' and he has, therefore, selected wholly practical matters and (with the exception of a statement on the law on sexual offences) has left administration to look after itself. Later editions will benefit by expansion —on drunkenness, on bloodstains, hairs and other contact traces for the laboratory, on what to do with specimens taken 'at the scene' and after, how to look after clothing and weapons that must be taken into account (and, therefore, examined) by the doctor and pathologist, and on . . . but we shall be making a f[illegible]ise of what is, at the moment, a nice practical little handbook. It should pro[illegible]opular in the hands of doctors called out by the police to see the body at the scene and will undoubtedly help coroners' officers, C.I.D. and the occasional forensic pathologist called upon to leave his laboratory from time to time for this class of work.

C.K.S.

Biology Staining Schedules for First Year Students. By R. R. FOWELL, M.Sc. London : H. K. Lewis & Co. Ltd. 6th edition, 31 pp., Demy 8 vo. *Price* 3*s. net*.

This booklet can be recommended to any student of biology as a sound guide to botanical, zoological and microbiological staining methods. Teachers will find formulæ of stains and other reagents in a useful appendix for easy reference, while the introduction outlines the general principles of staining techniques.

At only three shillings this book is excellent value for money.

E.W.B.

Physics and Electronics in Physical Medicine. By A. NIGHTINGALE. G. Bell and Sons, Ltd. 292 pp. *Price* 30*s*.

To teach physics successfully to those who wish to apply it in medicine, a special approach is required, different from that which would be appropriate for those who wish to become physicists, or for those who wish to apply it to, say, engineering. The Physics Department at Guy's Hospital Medical School has been a pioneer in courses of Physics in Medicine ; and this book by Dr. Nightingale, who taught in that department for several years, is one of the first fruits of the new approach.

The writer of a textbook must first decide on the scope of the book, and the people for whom it is intended ; and when writing the book must constantly bear in mind the interests and capabilities of his audience. Dr. Nightingale has been successful in both these respects, and, guided by his experience of teaching in a Medical School, has produced one of the few physics books really suited to students with medical interests.

The first half of the book covers the necessary basic physics. This assumes no previous knowledge, and the treatment is simple and clear, while remaining logical and comprehensive. Commendably, the subject is not divided into separate catagories of heat, light, sound, etc., but as far as possible physics is presented as a unified whole. Next comes a big section on physical applications ; this includes the use of electric currents in their various forms, and of electromagnetic radiation in a wide range of wavelengths, from ultraviolet radiation through infra-red to long wave diathermy. This section includes a large amount of information which is only available otherwise, as far as the reviewer is aware, in original papers. Finally there is a series of eight appendices, which include a useful section on mathematics, and also bring the book right up to date with ultrasonic therapy and transistors.

The book is intended primarily for specialists in physical medicine and for physiotherapists, and meets their needs very adequately. However, one would have no hesitation in recommending it also to medical students for those parts of their course which it covers.

S.J.W.

Principles of General Physiology. Volume I. The Physico-Chemical Background, By L. E. BAYLISS. Longmans, 1959. *Price* 55*s*.

The first of two volumes, which together will constitute a completely new version of the well-known book by the author's father, is meant to provide an appreciation of physico-chemical phenomena involved in the physiological mechanisms to be discussed in the second volume.

This book of some five hundred pages is divided into ten chapters, each of which deals with a physico-chemical state or process such as electrolytes, catalysis, the passage of substances through membranes, etc. A minimum of mathematical statement is employed and the discussion of each topic is not condensed, making the book useful to pre-clinical medical students and valuable to those attempting the B.Sc. in Physiology or post-graduate medical research workers, to whom more rigorous accounts of the subjects discussed would make no appeal.

The book contains little information about the relationship between molecular structure of important groups of substances, such as proteins, lipids and carbohydrates, and their rôle as structural and functional elements in cells and tissues. This lack, together with the arbitrary sequence of topics in the book denies the reader any general view of the molecular basis of physiological processes.

The chapter entitled "Oxidation and Reduction", which treats of the release and transfer of energy in metabolic processes, is poor in quality, giving little indication of the factors involved in this most fundamental property of living systems. An unnecessary feature of the work is the inclusion, in small type, of snippets of often irrelevant information, historical notes and condescending analogies.

Perhaps the maturing of this book through several editions will give it more character, for it is potentially a valuable addition to the very few text-books of physical biochemistry written for non-specialist readers.

W.L.G.G.

A Textbook of Dental Anatomy and Physiology. By R. C. WHEELER. W. B. Saunders Ltd. *Price 59s. 6d.*

The title of this well presented American book requires some explanation to the student of dentistry in this country. Just over half of four hundred pages of text is devoted to an exhaustively detailed account of the form, surfaces, contact points, etc., of human teeth, while physiology appears restricted to a brief relation of form to function. Large numbers of particularly clear photographs, radiographs and diagrams, have been included with measurements and dates of formation and eruption of teeth.

The remainder of the book, after a very general introduction of nomenclature, provides an account of the jaws, muscles of mastication, nerve and blood supply to the teeth, and temporomandibular joint in an attempt to justify the first part of the title. Finally, a good description of arch form and occlusion at various ages precedes a short glossary.

Although the phrase appears: "Nothing anatomical may be reduced to the mathematical exactitude of geometrical terms", one is left with the impression that the author has set out to find a description which is minutely detailed and yet is "typical" of the range that is "normal."

In conclusion this is a useful book for reference in tooth morphology, both preclinical and for crown and bridge work.

D.C.A.P.

High Speed and Ultra Speed in Dentistry. By HAROLD C. KILPATRICK. W. B. Saunders Co. Ltd. *Price 59s. 6d.*

This book is probably the first to be devoted entirely to the subject of high speed equipment and techniques in dentistry. The author has called on a number of well known professional contributors as well as making extensive use of commercial firms for information on equipment. In fact more than half the book is almost entirely devoted to descriptions of, and maintainance instructions for, available equipment. Much of this equipment is rather naturally of American origin, but the information also applies to a great extent, to some of the equipment readily available in this country. One wonders whether such maintenance notes should find a place in a textbook, when they are no doubt freely distributed with any manufacturer's equipment.

The chapter on safety at high speeds is very appropriate and the dangers of using high and ultra high speeds without adequate coolants is stressed. Peyton's statement that 'The proper adjustment of the water spray . . .is more important than the total volume . . .', is very pertinent.

The book concludes with a series of short chapters by its numerous contributors on specialised techniques and in these there is a great deal of information to be obtained. Subjects range from disc-less slice preparations to gingival contouring. The epilogue concludes with 'The proper use of high speed and ultra speed equipment leads to better dentistry, easier, faster and safer.'

Those of us who are interested in this subject will find a considerable amount of useful information in this book even though so much of its space is devoted to repetition of manufacturers' instruction pamphlets.

W.A.V.

Fundamentals of General Anaesthesia for Students and Practitioners of Dentistry. By JOHN ADRIANI, M.D. Blackwell Scientific Publications. *Price 50s.*

This excellent book by Professor Adriani is based on lectures to dental surgeons in America, where it is the accepted practice for dental operations to be carried out under general anæsthesia in an operating theatre rather than in the dental chair.

In only 200 pages this book covers all anæsthetic agents in common use with chapters on the nature, physiology and complications of anæsthesia.

It is easy to read and contains much of value to medical and dental students who wish to know something of the principles as well as the dangers and hazards of anæsthesia, but they will look in vain for a simple description of nitrous oxide and oxygen anæsthesia as practiced so widely in dental surgery in Britain.

A.W.H.

Lung Function Tests—An Introduction. By B. H. BASS, M.D., M.R.C.P. 1959. H. K. Lewis & Co. *Price* 8*s.* 6*d.*

Formal studies of lung function have, until recently, remained within the province of the pure physiologist. In this little book Dr. Bass has attempted to give a simplified account of the more readily applicable tests of pulmonary function, together with a discussion of the basic principles of physiology which are involved in these tests. The book is clearly intended for senior students and those interested in the subject and does not pretend to satisfy the needs of the pulmonary physiologist.

Of special interest is the chapter on the simple analysis of respiratory mechanics in which the concept of "compliance" or "stiffness" of the lungs is well presented. The clinical application of simple spirometric techniques is clearly described and their value in assessing the potential and actual results of various therapeutic measures is pointed out.

The uses of fluoroscopy as a tool for functional study is concisely outlined and the closing pages suggest the best use of a small battery of simple tests as an aid to the physician in a General Hospital.

The contribution which this book has to make is that of introducing the reader to the clinical potential of objective studies of pulmonary function. In the interests of simplicity much detail has been left out but it is a pity that no references have been included for those whose interest is stimulated by a concise introduction.

E.K.M.S.

Modern Surgery for Nurses By F. WILSON HARLOW, M.B., F.R.C.S. Heinemann. *Price* 30*s.*

This book covers the Syllabus of the General Nursing Council for the Final State Examination in Surgery.

In this, the fourth edition, many sections have been revised, the chapter on Sulphonamides and Antobiotics being completely re-written. It is a well printed book with clear, simple diagrams to illustrate the text.

In view of the proposed change in the form of the State Examinations, viz. Structural Answers, this book should prove a useful addition to the nurses' library. It is a very good thirty shillings' worth.

J.N.

SPORT

RUGBY

Guy's v. Aberavon

At Aberavon 28th November, 1959

Result—Lost 5-20

Torrential rain shortly before the game turned the ground into a quagmire. The Aberavon side, well used to these conditions, were on to the loose ball as a man and completely dominated the first fifteen minutes. From the first scrum Bish made a neat break and ran fully forty yards before passing to G. Davies who scored in the corner.

The home team half backs handled faultlessly and constantly had the Guy's defence at full stretch. Ashton, aided by the slippery conditions, was able to elude Baker whenever he wished. Although the Hospital had an equal share of the ball in the tight, their line-out work was flabby and ineffectual. Having almost complete possession by now Aberavon were able to score twice more before half-time.

After the re-start Guy's played with more purpose, showing glimpes of previous weeks' form. Shortly after O'Connor had scored for Aberavon, they were rewarded by a try from Leyshon, who picked up a loose ball just outside the twenty-five, evaded two men, and scored between the posts. Pagliero converted. After this the game developed into a brawl, which the referee was incapable of controlling. In the closing minutes Aberavon scored two more tries bringing their total of points to twenty, which was a fair indication of their superiority.

Team : K. M. Pagliero; D. A. Biggs, J. C. Thomas, J. T. Bryant, J. Leyshon; R. Hollingsworth, J. D. R. Nicholas; A. C. Knight, W. T. Treadwell, A. P. Buirski, B. Blackwell, P. W. R. Harris, I. Baker, C. Hopkins, A. G. Child.

Guy's v. Coventry

At Coventry 5th December, 1959

Result—Lost 8-13

The large crowd were treated to a fine game of attacking rugby in ideal conditions. Throughout the match the back row harassed the Coventry halves unmercifully, continually forcing them into handling errors and to giving wild passes. The magnificent tackling of English brought gasps of admiration from the crowd.

Coventry were first to score, against the run of the play, through a penalty by Melville. This acted as a spur to the Guy's side who were unlucky not to score on two or three occasions after combined passing movements between forwards and backs. Just before half-time Morgan dummied his way passed two players before passing to Davies who scored under the posts.

The second half followed the same pattern, everything being put into attack. Much crisper work in the line-outs than of previous weeks ensured the Hospital having a liberal share of

the ball, for Treadwell was having the better of the hooking duel. Not until twenty minutes from the end was this continual pressure rewarded. The evergreen Buirski broke away from a loose maul, dummied a covering defender, then passed to Leyshon who ran clear to score under the posts. Pagliero converted.

The next ten minutes were full of excitement, crowned by Bryant side-stepping two men and diving over the try line, but being unable to ground the ball. Three minutes later Melville scored again to make sure of the game for Coventry, though the hopes of Guy's supporters were momentarily raised when Pagliero kicked a penalty shortly before 'no side'.

Team : K. M. Pagliero; J. Leyshon, J. C. Thomas, J. D. Bryant, D. A. Biggs; R. Hollingsworth, M. D. Murray; A. C. Knight, W. T. Treadwell, A. P. Buirski, B. Blackwell, P. W. R. Harris, I. Baker, A. G. Child, T. A. English.

BOXING DAY

Residents v. Students

Result—Residents 8, Students 11

On a fine Boxing Day morning thirty young men from Guy's, in varying degrees of unfitness, assembled at H.O.P. for the annual fixture.

Fortified by a visit to the bar the players eventually arrived on the pitch where the Students, who won the toss, elected to play with a strong wind at their backs.

Immediately the game began it became apparent that this year the match would be close and keen, for the Residents' pack tore into their opponents with much enthusiasm and achieved an early superiority in the tight and the line-out. However, hard, straight running and good kicking by R. Smith, the Students' fly-half, kept play almost entirely in the Residents' half of the field. Moreover the Residents' three-quarters were by now feeling to ill to retaliate, although Sanders and Dyde tackled hard in the centre.

Following a sustained attack the Students heeled from a scrum close to the opposition's line and Eustace dived over for a try which Patterson converted. Play now swung up the field again, and shortly before half-time Hawley gathered a loose ball inside his own half and completely outpaced the Students' defence for a try under the posts.

At half-time a tactical rearrangement was noted in the Students' back line due to a sudden illness to R. Smith who thereupon moved to the wing. The Residents, now with a stron wind behind them and only 3-5 down, began the second half confidently. However, their hopes received a serious set-back when Bury scored an unconverted try, and in spite of good attacking runs by Hawley and Dyde the Students scored again by way of Tiller.

Though by now unable to cover in defence the Residents' pack continued to play strongly at close quarters and fought out the forward battle blow for blow, Bull, Ross and Wall being notable.

After a bout of fluctuating play the Residents scored a brilliant opportunist try when S. Williams, finding himself with the ball a few yards from the opponent's line, and completely clear of all defenders, was able to dive over for a score. Sanders converted well. Now left with a slender three points lead the Students rallied well, with Atkins running strongly in the centre and Bury, Reynolds and Jacoby fighting hard up forward.

As time ran out the Residents attacked hard for a winning score and indeed Sanders went only inches wide with a good attempt at the dropped goal which would have at least drawn the match. However, the Students' held on and ran out worthy winners in what was considered by all to have been a most enjoyable game.

Finally, our thanks go to J. Sales who refereed so sportingly and to Harold for his help in organising the match.

Residents : K. Smith; Hawley, Sanders, Dyde, Tombleson; Maher, Chisholm; Bull, Preston, Bowyer, Ross, Wall, Holmes-Smith, Cooke, S. Williams.

Students : Tiller; Murray, Heber, Atkins, Young; R. Smith, Eustace; Jacoby, Penny, Bury, Fanning, Reynolds, B. Smith, Connolly, Patterson.

HOSPITAL INFORMATION

UNIVERSITY OF LONDON

Recognition of Teachers

Full Recognition

John Dickson Dow as a Teacher of Radiology at Guy's Hospital Medical School.

APPOINTMENT

G. Blake-Palmer has been appointed Director, Division of Mental Hygiene, Health Department, New Zealand.

PASS LIST

UNIVERSITY OF OXFORD

B.M., B.Ch.

Michaelmas Term, 1959

Medicine

*H. Champney
*M. I. S. Keir
J. L. Lane
*J. R. R. Spurrell

Surgery

*M. C. O. Bax
*H. Champney
*R. Cook
*M. I. S. Keir
*J. R. R. Spurrell
*P. L. Strong

Midwifery

*H. Champney
*M. I. S. Keir
J. L. Lane
*J. R. R. Spurrell

*Have qualified B.M., B.Ch.

UNIVERSITY OF LONDON

M.D.

P. J. Koblenzer
I. Macdonald

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Final Examination

J. V. Jeffs
S. H. Richards

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Diploma

M. R. Alderson	H. C. Hollingsworth
Richenda M. Breeze	D. R. Laney
B. J. Cremin	C. A. G. Mackenzie
N. W. Glendinning	J. G. Miller
N. A. Harker	G. M. Morris
Rosalie M. Harrison-Bloom	D. J. Sills
	I. D. Simpson
P. G. Hickson	Marian A. Wilkinson

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination
December, 1959

R. T. Chance	D. J. F. Gurney
G. W. Cooke	F. J. J. Knight
C. R. Darracott	R. H. Pearce
R. A. Ellis	J. L. Schoeman
M. D. Gann	A. G. Wallace

ROYAL COLLEGE OF SURGEONS OF CANADA

F.R.C.S.

December, 1959

J. A. Loeb

MEDICAL COUNCIL OF CANADA

L.M.C.C.

December, 1959

J. A. Loeb

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination
December, 1959

Anatomy

R. A. Nicholson

Physiology

D. Aldridge

Pharmacology

Alexandra L. H. Barber	Tessa Holman
G. C. Barrett	Penelope J. Key
M. S. Bell	Doreen M. Miller
C. G. Bird	P. O. Older
W. Bunting	J. E. Oliver
Penelope J. E. Cave	T. N. Stanbridge
G. E. Conn	A. P. Staz
P. P. Fanning	R. Tanner
G. H. Forman	R. C. Wales
E. J. W. Gumpert	Jillian M. Wandless

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Faculty of Anaesthetists
F.D.S.

Primary Examination
R. W. Hall

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bradlaw, Robert. Gaudeamus Igitur (Menzies Campbell Lecture). *Ann. R. Coll. Surg. Engl.*, 1959, 25, 209.

Briggs, J. H. Acromegaly Occurring in one of Uniovular Twins. *Proc. R. Soc. Med.*, 1959, 52, 1053.

Burn, J. H. Pharmacology of Cardiac Failure. *Proc. R. Soc. Med.*, 1959, 52, 1057.

Calne, R. Y. Gas Cysts of the Large Bowel simulating Multiple Polyposis. *Brit. J. Surg.*, 1959, 47, 212.

Hawkins, C. F. and another. An Appraisal of Phenylbutazone Suppositories. *Brit. med. J.*, 1959, ii, 740.

Hill, T. Rowland. Subdural Haematoma. *Proc. R. Soc. Med.*, 1959, 52 1043.

Hill, T. Rowland. Subarachnoid Haemorrhage. *Proc. R. Soc. Med.*, 1959, 52, 1043.

Koblenzer, P. and another. Two Cases of Toxic Epidermal Necrolysis. *Proc. R. Soc. Med.*, 1959, 52, 1029.

Law, Frank W. The Effects of Drugs on the Eyes. *Med. Pr.*, 1959, 242, 522.

Lane-Roberts, P. A. Pathology of Infantile Hypertrophic Pyloric Stenosis. *Proc. R. Soc. Med.*, 1959, 52, 1022.

Lessof, M. H. and others. Antibody to Thyroglobulin in Patients with Thyroid Disease. *Lancet*, 1959, ii, 1172.

Lessof, M. H. and others. Detection of Antibodies by Fluorescent—Spot Technique. *Lancet*, 1959, ii, 1173.

Liddelow, K. P. Prosthetic Treatment. *Ann. R. Coll. Surg. Engl.*, 1959, 25, 246.

Poulton, E. C. Effects of Printing Types and Formats on the Comprehension of Scientific Journals. *Nature*, 1959, 184, 1825.

Robinson, R. G. Hydatid Disease of the Spine and its Neuropathological Complications. *Brit. J. Surg.*, 1959, 47, 301.

Rosenberg, Sidney. Some Principles and Techniques of Fixed Bridge Work. *Brit. dent. J.*, 1959, 107, 379.

Stanford, R. W. and another. A Review of the Dangers of Radiation in Dentistry. VIII.—An Overall Appraisal of the Problem. *Brit. dent. J.*, 1959, 107, 374.

Wright, G. Payling. Cell Regeneration as seen in the Liver Parenchyma. Lectures on the Scientific Basis of Medicine. Volume 7, 1957-58, p. 263.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra.

Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

For Sale

HALF SKELETON with Skull £10. Box No. 207.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

Required

SINGLE OPHTHALMIC CONSULTANT requires housekeeper, Essex, near London. References. Box No. 208.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

J. A. Loeb, F.R.C.S., 64, Mavety Street, Toronto 9, Ontario, Canada.

BIRTH

BAKER.—On 27th November, 1959, at the Jessop Hospital, Sheffield, to Gwyneth (née Evans), S.R.N., S.C.M., and Geoffrey C. W. Baker, M.B., B.S., a daughter (Alison Jane).

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1865 16*th January* 1960 *One Shilling*

PASSIM

NOSTALGIA will be evoked by the news that there will be no more Externs after this week. Over the past few decades, the balance has shifted. Where there were once a busy quartet of externs, conducting scores of deliveries on the district, embellishing the externs' room in their spare time, and generally upholding the tradition of an esoteric and a full life, the extern of recent years has often spent his week without entering the externs' room, and has had only an even chance of a delivery on the district. Today, the obstetric dresser on his fortnight's "take-in" has a busy "active" week, and a "passive" week in which there is a certain amount of spare time. In future, the second-week dressers will perform any deliveries on the district, and the dressers on the second three months obstetric appointment, when they are also psychiatric clerks, will no longer live in for the extern week. A sinecure, a historical remnant, a tradition : the position of extern dresser is all these things, but we cannot let its *demise* pass without a regretful salute.

It is good to be able to publish the minutes of the meeting, a few months ago, at which the Guy's policy for tetanus prophylaxis was discussed by a group in which the then Casualty Officers were happily blended with expert and authoritative members of the staff, with guests from St. Mary's Hospital. Professor Payling Wright's comments show that confusion exists in even the highest circles, and this clear policy, based on careful discussion, will be welcomed by all who work in Casualty Departments.

We strongly recommend a visit to the excellent exhibit, in the E.N.T. department, on "Tracheostomy," which is graphic, practical and extremely well presented.

We regret to announce the death, on 17th December, of an old Guy's nurse, Mrs. E. Timms (née Cook), while on a visit to this country from South Africa. We offer our sympathy to her family and to her sister.

Miss M. Borg is to be Matron of the Nelson Hospital, S.W.20, and not at Joyce Green Hospital (where she is now Assistant Matron), as we announced in our last issue. We are sorry that our information was incorrect, and apologize for any embarrassment caused.

We apologize for the delay in producing this issue, which has been quite unavoidable, and is to be laid at the door of the editors, and not the printers.

GUY'S DIARY

JANUARY

Exhibition. *Famous Names in Surgery.*

18th M 1.00 Mr. Kinder. Clinical Lecture. *Congenital Abnormalities of the Upper Urinary Tract.*

5.30 p.m. Endocrine Demonstration. Physiology Theatre. *Disorders of Sex Differentiation.*

22nd F 1.00 Mr. Brain. Clinical Lecture. *The Management of Patients with Dysphagia.*

23rd S 10 a.m. Clinico-Pathological Meeting in the Clinical Theatre.

25th M 1.00 Mr. Murray Falconer. Clinical Lecture. *The Fields of Vision in Relation to Neurosurgery.*

26th T 1.00 Group Capt. R. C. Jackson, Renal Unit, Princess Mary's R.A.F. Hospital, Aylesbury, Bucks. Clinical Lecture.

28th Th 1.00 Mr. Wass. Clinical Lecture. *Crohn's Disease.*

29th F 1.00 Dr. MacLean. Clinical Lecture. *The Use of Steroids in Modern Therapeutics.*

FEBRUARY

1st M 1.00 Dr. Hutton. Clinical Lecture.

2nd T 1.00 Professor Spurrell. Clinical Lecture.

NOTICES

GUY'S HOSPITAL STUDENTS' CLUB

Annual General Meeting

The Annual General Meeting of the Students' Club will be held in the Quiet Games Room in the Students' Club, on Tuesday, 2nd February, 1960, at 12.15 p.m.

I. E. EVANS,
Hon. Secretary, Guy's Hospital Students' Club.

AGENDA

1. To confirm and sign the Minutes of the last Annual General Meeting.
2. Matters arising from the Minutes.
3. To elect the following representatives to the Students' Club Committee :
   (a) One representative of the Students resident in the College and attached Hostels.
   (b) Six representatives of the non-resident students (among whom shall be at least one medical and one dental student).
4. To receive the Treasurer's Report for the year 1958-59.
5. Any other business.

ART SOCIETY

The Art Society will be showing the following films in the Dental Theatre at 5 p.m., on Thursday, 21st January :—

Lascaux Cave Paintings.
The work of Barbara Hepworth.
The Mosaics of Ravenna.
3 short music-motion films.

All will be very welcome. C.N.M.

MISS EMILY MACMANUS

Miss MacManus sends her thanks to all those Guy's friends who remembered her at Christmas—it was heart-warming. She wishes them every happiness in 1960.

Pontoon, Foxford,
Co. Mayo.

Minutes of the Meeting held on 29th May, 1959, in the Pathology Library, Guy's Hospital, to discuss Casualty Arrangements for the Prevention of Tetanus

Present : Guests : Dr. Molly Barr,
(Wellcome Research Laboratories.)
Mr. George Bonney, F.R.C.S.,
(St. Mary's Hospital.)

From Guy's : Professor Payling Wright.
Mr. Patrick Clarkson, F.R.C.S.
Mr. J. Briggs, F.R.C.S.
Mr. J. Bull.
Mr. S. Cameron.
Mr. J. Holmes-Smith.
Mr. R. Hornung.
Mr. H. Hunt.
Mr. M. Langman.
Mr. I. S. Muir.

(1) Mr. Clarkson outlined briefly the policy which has prevailed in the Casualty Department regarding the administration of A.T.S. and Toxoid during the last four or five years.

It was presumed that tetanus was unpredictable ; that it might follow any breach of surface including clean cuts in clean hands, burns and whitlows. The policy, therefore, was to give passive immunity (A.T.S. 1500 I.U.) to all patients. Members of the Services were given a booster dose of toxoid at injury, on the assumption that they were actively immune. All patients with a strong history of allergy, particularly children (eczema, asthma, urticaria, hay fever) were not given A.T.S. in Casualty ; patients who had any reaction to a previous serum injection also were not given A.T.S. Patients who had had previous A.T.S. injections within two years were not given further A.T.S.

A test dose of 1/10 cc. (150 units) diluted to 1 ml. was given subcutaneously ; this was the method chosen to indicate sensitivity to anaphylactic shock. (Mention was made of the fact that if intradermal injections were used as the test of sensitivity, the interpretation of the result was liable to result in most patients being regarded as positive and hence not given A.T.S. ; nor was it certain that skin sensitivity correlated exactly with anaphylactic sensitivity.) After the test dose the patient was kept sitting quietly for twenty minutes. In the absence of any anaphylactic-like reaction he was then given the full dose of A.T.S. (1500 I.U.) and kept a further hour before being allowed to leave the Casualty Department. A marked local reaction (oedema and redness) to the test dose was an additional contra-

indication to further A.T.S. Early signs of anaphylaxis (rising pulse, sweating, a sense of constriction of the chest) were, of course, contra-indications to the full dose (except for patients with severe injuries in which case the problem was transferred to the wards where staged A.T.S. under adrenaline cover could be given.) Anaphylaxis if it occurred was treated by an immediate intra-muscular injection of 1 cc. of 1 in 1000 adrenaline. A syringe of 1 cc. of fresh adrenaline[1] was supposed to be always kept in the injection room, and to be renewed daily. Note was made of the fact that although severe local attacks of urticarial reactions around the test dose were not uncommon over the years, there had been no severe cases of anaphylaxis following a dose of 150 units. The number of patients who had had a test dose of this size in the last five years was probably in excess of 10,000. Note was also made of the fact that in 1948 there was a fatal case in the Surgery of anaphylaxis in a child who had a contaminated palate wound and who had been given a full dose of A.T.S. (1500 I.U.). The child died about half an hour after the injection, of respiratory obstruction which started ten minutes after the injection, while the child was walking home. He returned to Casualty about 10 minutes before death.

During a thirteen years period in which up to 50,000 patients had been given A.T.S. none were known to have developed tetanus. It was thought that during this time only two or possibly three cases of tetanus had been admitted to Guy's, and that these cases of tetanus had not occurred in patients whose wounds had been previously treated in the Casualty Department.

The purpose of the present meeting was to revise, on the advice of Miss Molly Barr, Professor Payling Wright, and Mr. Bonney, the policy of the Casualty Department regarding the prevention of tetanus, with special reference to arrangements for extended use of toxoid. Mr. Langman had abstracted a number of recent publications on tetanus prophylaxis, especially those in the *Medical Journal of Australia* (Vol. 1, No. 6, 7th February, 1959), to which our attention had been drawn by Professor Wright. A note was also made of the contents of a letter on this subject of A.T.S. and Toxoid from Mr. R. Batten of the University College, Ibaden, Nigeria, where, of course, tetanus is extremely common and generally severe. Mr. Batten in this letter reported having abandoned the use of A.T.S. because of his fear of anaphylaxis (of which he describes three fatal cases in a Casualty Department seen while he was working in a hospital in England). Mr. Batten said that he relied entirely upon toxoid, and hoped that a routine immediate administration of 1,000,000 units of Penicillin prevented infection in the wound, and hence of tetanus, before active immunity could be established.

(2) Miss Molly Barr advised that A.T.S. and Toxoid be given into different limbs. If they were given together, the A.T.S. could be effective, but Toxoid in the presence of A.T.S. gave a response of about 1/12th of what it did when given alone. Thus combined active and passive immunity gave a lower titre, as A.T.S. is antagonistic to Toxoid. Miss Barr said that the titre of antibodies effective against

[1] See Appendix.

the onset of tetanus was not a matter of certainty, but probably a titre of 0.1 unit per cc. was adequate.

(3) Mr. Langman reviewed recent publications on the subject of tetanus immunity, and in particular stressed :

(i) Antagonism probably arose : firstly through the body's antibody response being more to the abnormal serum proteins given with the A.T.S. than to purified Toxoid as an antigen: secondly, through an interaction between A.T.S. as an antibody and tetanus Toxoid as an antigen which resulted in 'neutralisation'. N.B.—this latter was very theoretical and was not supported by evidence. When A.T.S. 500 u. was given at the same time, but in a different site from tetanus Toxoid 1 ml. primary dose, then, following assay of blood taken thirteen or fourteen days after a second dose of tetanus Toxoid given to both groups six weeks later ; it was found that there was a greater scatter of active Antitoxin titres in those who had had A.T.S. and Toxoid.

Thus some masking of full response to Toxoid occurred in the A.T.S. and Toxoid group. Whether this was a significant depression as far as immunity is concerned was difficult to say, as there is no evidence to show that any particular level of antibody titre in the serum was fully protective against the tetanus.

(ii) The effect of a previous dose of A.T.S. was bringing in the possibility of accelerated elimination of the second dose. Thus a second dose of A.T.S. may be eliminated, at the extreme, in five days or so instead of three weeks. These are rough figures for a 1500 u. dose not available at present. The tragic possibilities of this have been referred to (Littlewood *et al.* 4).

(iii) Two deaths had recently been reported at the Royal Melbourne Hospital, following test doses of 150 I.U. (*Medical Journal of Australia*, February, 1959). Mr. Langman recommended that the test dose be reduced to 15 units.

(*Publications referred to in particular :*

a. Army Pathological Advisory Committee Report on the Investigation into the Prevention of Tetanus in the British Army. M. Barr and Maj. Gen. Sachs, W.O.1. 1955.

b. Papers from *Medical Journal of Australia*, February, 1959. Recommendation of Commonwealth Serum Laboratories.)

(4) Mr. Bonney reported experience of the use of Toxoid to establish active immunity at the Casualty Department at St. Mary's Hospital during the last year. During this period he reported that there had been two cases of severe anaphylaxis following test doses of 150 units, both of which had recovered. He confirmed that when intradermal injections were used as a test of sensitivity 70% of the patients were classed as positive, and therefore were not given A.T.S. He thus preferred to use a subcutaneous test dose as a gauge of sensitivity. He now recommends the use of 15 units of A.T.S. as a test dose. Because of the small amounts used, this made it more advantageous to use two ampoules.

(5) Mr. Cameron when discussing the question of the charged syringe of 1 in 1000 adrenaline which was supposed to be present in the Injection Room at all times, drew attention to the fact that it

was very often not present. He said that the freshness of the Adrenaline could to some extent be assessed by its colour. If it was pink (*i.e.*, decomposed Adrenochrome, etc.) it was certainly not potent. This difficulty could be avoided by the use of 'Ampin' syringes now on order for the Surgery.

(6) Mr. Langman drew attention to the policy of the Paediatric Department and of the Casualty Department in advising against injections of either A.T.S. or Toxoid for three weeks after a polio injection.

(7) Miss Barr confirmed that little active immunity could be expected under five to seven days from the first injection of Toxoid, which gave only a primary response with no antibody titre in the serum, and a second injection was necessary from six to twelve weeks later to give any antibody titre in the serum—this interval being the optimum for highest activity. This immunity became apparent within a few days after second and third boosting doses.

She recommended that the course of Toxoid start at least one month after an injection of A.T.S., the second injection to be at six weeks. This provided active immunity for six to nine months and should, therefore, be repeated at six months. Active immunity could be maintained by booster doses at yearly intervals. After a full course of three Toxoid injections, immunity was maintained for at least five years, but it was recommended that five years was the upper limit of safety for booster doses.

(8) Professor Payling Wright confirmed that in the event of a second wound following a wound which had required A.T.S. a further prophylactic dose of A.T.S. was unlikely to provide effective passive immunity. (Littlewood Mount and Payling Wright, *British Medical Journal*, ii, **444**, 1954.) This meant that a patient not previously immunised actively by Toxoid had a period of at least five to seven days when there was no protection. The only possible way of trying to ensure an adequate immune response in persons not actively immunised and with a previous history of A.T.S. injections was to increase the second dose to 3,000 to 10,000 units. The accelerated elimination of antitoxin would perhaps be partially nullified in effect although it might be so fast as to eliminate an increased dose as well (Parish 1958. Antisera, Toxoids, Vaccines and Tuberculins. Published by Livingstone). He drew attention to Colonel Bruce's figures on the incidence of tetanus in the B.E.F. in 1914. These might have been the result of two factors : lacerated wounds and highly fertilized Belgian soil, and delay in surgical care. In civil practice, in this country, such factors be much less operative. In these B.E.F. cases, 10% or less of the patients developed tetanus in the first five days, a very short incubation period as measured by civilian experience.

(9) Mr. Bonney described the practice at St. Mary's. The patients were divided into four groups as follows :

(i) Those without evidence of sensitivity, who had had no previous A.T.S. or Toxoid. These were given a test dose of 150 units. If there was no reaction in half an hour they were given the full A.T.S. dose of 1500 I.U. 1 cc. of Toxoid was given at the same time in another limb.

(Professor Wright drew attention to the desirability that patients treated in this way at Guy's should be bled from time to time to determine what degree of immunity was in fact established. This might provide information on the 'risk period', *i.e.*, ten to thirty days.)

(ii) Those without previous active immunity but with evidence of natural sensitivity or previous reaction to injections, or having had antitoxin more than two weeks previously. Two test doses—15 and 150 units—and, if there was no reaction, 1500 units A.T.S. with 1 cc. Toxoid in another limb.

(iii) Those with previous active immunity. These were given only 1 cc. of Toxoid as a booster.

(iv) Those who had had A.T.S. within two weeks. These were given only 1 cc. Toxoid.

In any case of reaction to test dose, the giving of antitoxin as a staged in-patient procedure with due precautions was considered in relation to the severity and degree of contamination of the wound. Mr. Bonney recommended a card similar to the L.C.C. Injection Card stating what Toxoid or A.T.S. the patient had had.

He pointed out the value of a card of immunity such as issued in hospitals in Vienna; these went from the Casualty department with the patient to the ward bed. This card showed clearly what A.T.S. or Toxoid the patient had or had not been given in the Casualty Department; it was also planned to record future Toxoid or A.T.S. injections. The patient carried it from hospital with him.

(This point is dealt with by Mahoney & Maloney, 1958.)

(10) Professor Payling Wright drew attention to the fact that a previous attack of tetanus did not provide immunity against another attack. The probable reason why a course of Toxoid provides a much greater immunity than a previous attack of tetanus was that the amount of Toxin formalized to make the toxoid present in the usual prophylactic dose is probably thousands of times the lethal dose for a man.

He also drew attention to the variation in the regional distribution in the incidence of tetanus. The highest incidence was in the Fen country and then an area stretching across London where the incidence was lower, down to Hampshire; that is, land which is heavily pastoral.

(11) Mr. Clarkson noted that the incidence of tetanus in industrial burns centres such as Birmingham was very low but that in Hill End, which drained from East Anglia, and in Basingstoke, fatal tetanus in burns was a recognised and definite risk, possibly of the order of .01—.05% plus in incidence.

(12) Mr. Cameron pointed out that the Registrar General's figures for tetanus listed under "tetanus (category 061)" included only tetanus attributed to lesser injuries (G.S.W.S. for instance, who died of tetanus, were listed under G.S.W.S.); this meant that total annual deaths due to tetanus were about 50% more than those listed under tetanus (061); Between 1954, '55 and '56, deaths from tetanus totalled 161 cases. In the commentaries there was sufficient data in 83 of these to clarify the causative (so attributed) wound as having been sustained indoors or outdoors. There were 39 outdoor or contaminated

wounds, 25 indoors, 13 infections, 2 gangrene, and 2 burns. Of the 25 indoor wounds, only one resulted from a clean wound in a clean part; in eight others the cause was not relevant to casualty work—three neonatal and five post-operative cases. Of the infections, only seven were of soft tissues; five occurred in pre-existing breaches of surface—three in varicose ulcers. Four cases resulted from plaster sores. It was felt that these figures justified the restriction of anti-tetanus protection to outdoor and contaminated wounds.

After a general discussion it was suggested that the following policy be adopted at Guy's in future:

(1) *Patients without evidence of Sensitivity and with neither active nor previous passive immunity, and patients with lapsed active immunity.*

(a) These are to be given a test dose of 15 units A.T.S. subcutaneously. The full dose of A.T.S. 1,500 I.U. is given after half-an-hour, except in the presence of severe local or general reaction or anaphylactic symptoms.

(b) If the wound is grossly contused and contaminated and there is a positive local or general reaction to the test dose, the patient is admitted and the full dose of A.T.S. should be given in staged doses under Adrenaline cover in the wards.

(2) *Patients with active immunity from previous full Toxoid Course within ten years:*

These are simply given a booster 1 cc. of Toxoid.

(3) *Patients with a history of allergy :*

These are given two doses of 15 and 150 I.U., and then if clear are given the full 1500 I.U. dose.

If the wound is contused and contaminated, and there is a positive local or general response to the test dose, they are treated as (1 b).

(4) *Patients with a history of previous A.T.S. reactions :*

These are treated as in (3) and judgement is used about the need of the individual wound for admission for full staged dose of A.T.S. under Adrenaline cover.

(5) *Patients who have had A.T.S. within the last two weeks :*

These are treated as patients in (3) and (4). Judgement is used after a positive reaction to the test dose regarding the need of the full dose of A.T.S. in staged doses.

Further points to be stressed are the need of whitlows and of burns for tetanus immunity; the use of 15 units of A.T.S. as a routine test dose; the need of keeping patients in the Surgery for half to three-quarters of an hour after both test dose and full dose; the need of a charged 1 cc. syringe of fresh Adrenaline to be present in the Injection Room; the need to insist to patients that they attend the full course of three Toxoid injections—a month, ten weeks and six months after A.T.S. injection to produce active immunity; the need of providing these patients with an Immunity Card showing what injections they had had and what their immunity state is; this card should go with the patient from Casualty to Ward and with him on his discharge from hospital.

Appendix

Comments by Professor Payling Wright on the Minutes of the Meeting to discuss Casualty arrangements for the prevention of tetanus, held on 29th May, 1959, in the Pathology Library at Guy's Hospital Medical School.

Para. 1. Fresh adrenalin is mentioned. This drug deteriorates very quickly. I suggested to Dr. Merrivale a few days ago that it might be worth while to compare the rates of deterioration of adrenalin and adrenalin-ascorbic acid solutions. It could be tested with the cat's blood pressure method in Professor Robson's department. The rationale (if it has any) would be that ascorbic acid being a strong reducing agent would protect the adrenaline against oxidation. The difficulty might, of course, be obviated by Cameron's suggestion of "Ampin" syringes.

Para. 6. Parish says that in France they are giving mixed tetanus toxoid and polio vaccine at the present time as a routine.

Para 8. It would be better to end with :—

These might have been the result of two factors: lacerated wounds and highly manured Belgian soil on the one hand, and delay in surgical care on the other. In civil practice in this country, neither factor would be so important. Moreover in the British Expeditionary Force in 1914, many of the men developed tetanus within five days—a vary short incubation period in civilian life.

Para. 9. I don't think my suggestion need be followed up since Mahoney and Maloney (1958) have dealt with it fairly well. An important point comes out of their Table IV.

Reactions to A.T.S. and the duration of passive immunity in patients

Type of reaction	Number of patients	Patients with circulating A.T.S. 10-12 days subsequently
none	50	86 per cent.
local	27	41 per cent.
systemic	21	14 per cent.

Their paper in the *Canadian Journal of Surgery*, 1958, **1**, 127, is well worth looking at.

It seems quite clear that the *B.M.J.* report (September 19th, 1959), was quite misleading. I have consulted Parish about it (he was there for Mahoney's paper). and he agrees with me. What Mahoney thinks can be seen from the following extract from his 1958 paper in the *Canadian Journal of Surgery* :—

> " It is clear from the results shown in the table that preliminary testing is of no value in forecasting the occurrence of *delayed* reactions to an injection of 1500 units of A.T.S." (my italics).

Mahoney uses test doses (0.1 ml. neat A.T.S. read at 20-30 minutes) given subcutaneously. If no reaction, he gives the full dose. If there is some, he usually gives it divided. What his above remark means in effect is that the test dose cannot forecast whether the patient will lose his A.T.S. quickly together with any protection it might give. For present purposes, therefore, the *B.M.J.* note can be disregarded—the test is useful for obviating immediate reactions.

With any corrections you feel like making, the paper could now go to the *Gazette*. It is probably the best compromise we yet have. But I regret that the danger period—ten to thirty days—is still so inadequately covered.

OBITER DICTUM

DR. RALPH KAUNTZE : The right plantar response is equivocal, and the left, I should say, rather more so.

THE CHRISTMAS SHOW, 1959

This was a scintillating show, which had packed houses on Christmas and Boxing nights, running without a dull moment for an hour and a quarter, and leaving us hoarse from laughter, tingling in the palms from applauding, and determined, on Christmas evening, to come again the next day. The show was written by Tony Bron and Roy Meadow, with music by Tony Bron, Anne Kenshole and Trad. The items all deserve mention, and this was the list :—

Opening Chorus	Deirdre Boland, Gill Chivers, Pat Fleming, Rita Lane, Tony Bron, Jack Jamieson, Bill Pryse-Phillips.
Listen With Mother	Tom Sherwood, Eleanor Bron, Geoff Davies, Roy Meadow.
Nursing Ways	Bill Pryse-Phillips, Vicky Kanstra.
Olde Tyme	Geoff Davies, Alan Forster, Robert Sells, Dick Spurrell, John Winter.

Photos by) *(M. S. Wirk*

Latin master, old flame, commanding officer—Mr. J. B. Blaikley—This is Your Life !

Store of Trouble	Tony Bron, Deirdre Boland.
We Got	John Axton, Ian Boyd, Jack Jamieson.
Just Guy's	4) Howard Evans, Barry Ross. 2) Geoff Davies, Michael Maberley.
Behind The Picture	Chris Korvin, Nick Cohen, Vicky Kanstra, Bill Pryse-Phillips, Brian Taylor, Ian Boyd, Deirdre Boland, John Axton.
Sea Shanty	Tony Bron, Ian Boyd, Nick Cohen, Chris Korvin.
Spirituals	Geoff Davies, Alan Forster, Robert Sells, Dick Spurrell, John Winter.
That's Life	Roy Meadow, Tony Bron, Michael Maberley, Gill Chivers, Brian Taylor.
Singing to a Guitar	Mike Cavendish.
The Sewermen's Song	John Axton, Jack Jamieson, Bill Pryse-Phillips.
The End	
Three Sisters	Jim Heber, Michael Maberley, Mike Pagliero.
Compere	George Klauber.

An energetic and cheerful chorus-line introduced the show, and we awaited the next item, Listen With Mother. It is difficult to describe how hard the audience laughed, and many a dubiously successful West End revue might have flourished on this sort of material. A recording of the five minutes which it occupied could have been broadcast, apart from the howls of laughter, without the deception being detected by children, or for that matter by adults. Tom Sherwood, Geoff. Davies, Roy Meadow and Eleanor Bron sang, told stories, told them again, and played "today's music", while dressed, and behaving, in the most excellently disedifying manner, reading very adult magazines, drinking, combing hair, and generally arousing enthusiastic disgust, while their radio songs, sound effects and voices never faltered. Another delight was the singing of the Old Tyme "Camberwell Cricket Club", elegantly sprawled, who won the audience with their close harmony and straight faces.

(*final chorus*)

Store of Trouble was a three-minute pun on "No trouble in store," and *We Got* was the darkened first half of a brief song, which, when the lights went on, revealed the second half of the sentence—no trousers. An old joke, but funny in its place—at any rate everyone laughed.

Just Guy's included a song by Barry Ross and Howard Evans in which the paranoid state of the houseman with Multitone in his pocket was made known—Mr. Ross was "bleeped" on stage, by good stage management.

BLEEP (*tune: Boum! Pourquoi mon coeur fait boum?*)

BLEEP, why does this thing go bleep,
Just when we're trying to sleep
Waking us up with its Bleep, Bleep.

Was it at seven
Or half past eleven
Or five o'clock in the morning
We only know
That it won't let us go
For suddenly without warning—

PING, it is the wretched thing
To which we have to cling
Where ever we go night or morning.

It goes in the Park
It goes to the bath
It goes in the snow and the rain
It never breaks
But the current it takes
Gave us hope when the power cut came

(*but*) *WHEE, it has a torch batteree*
So that it can not cease
Eep-pe-de-bleep, there's no peace.

We're normal chaps
In the evening perhaps
We invite a girl in for some coffee

[illegible] "This is Your Life". Loud and warm cheering greeted the two victims, Mr. J. B. Blaikley, the Superintendent, on Christmas evening, and Dr. Christopher Hardwick on Boxing evening. Each of these distinguished guests entered with zest into the "nostalgic" programme, in which Mr. Meadow introduced them to their prep-school Latin master, to a lovely lady, met in Paris in their student days, and to their old commanding officer, brilliantly characterized by Michael Maberley. This episode, again, was the more effective for its refusal to exaggerate the character of the original.

Mike Cavendish sang agreeably, and the Sewermen were fascinating though disturbing in their preoccupations. We sat back for the final chorus—stereotyped, this must be, one thought. But no, we saw a self satisfied young man, recently affianced, it seemed (Tony Bron), smugly pleased with a picture of a partridge in pear tree, sent to him by his true love, as the chorus informed us. Ah, we thought, they're doing this literally, but as the stage is so tiny, they're using pictures and tokens. Never were we so wrong. The best finale in years was sung and performed on the stage in out-patients, by twelve drummers drumming, eleven lords a'leaping, ten ladies dancing, eight maids a'milking, seven swans a'swimming, six geese a'laying (full size through two-dimensional) five gold rings (see photo), four calling birds, three French hens, two turtle doves, the pictured pear tree, and the bewildered but immensely flattered Mr. Bron. We were left breathless ; we cannot imagine a better show, and the thanks of all who enjoyed it go to all those who produced it.

CORRESPONDENCE

Letter to the Editor of the Gazette

Residents' Play, 1960

From the President of the Residents

SIR,—May I, through the courtesy of your columns, announce that this year's Residents' Play will be performed on February 23rd—26th inclusive. It would be appreciated if all applications for tickets could be sent to me before 11th February.

Yours etc.,

J. C. HOLMES-SMITH,
President of the Residents.

The College,
Guy's Hospital, S.E.1.

Landon Tea

SIR,—May I take this opportunity of thanking everyone who helped with money, toys, trees, etc., to make our party such a great success. So many people contributed that it is quite impossible to mention them individually. However, I should like to say a special "thank you" to Mr. Colin Bullock for his most delightful entertainment, the children loved it. Mr. Howell Evans was (as last year) a most fascinating Father Christmas !

The Works Department staff gave us most willing help with fairy lights, stage, etc. We would never be able to manage without them. The party was tremendous fun.

A happy 1960 to all our kind friends.

Yours etc.,

DORIS CHRIMES,
Out-Patient Sister.

Out-Patient Dept.,
Guy's Hospital, S.E.1.

Guy's Hospital Rugby Football Club

SIR,—We should like to announce, through the courtesy of your columns, that the Rugby Ball this year will be on Friday, 29th January, at Quaglino's, Bury Street, St. James, 8.30 p.m. to 2.00 a.m.

Mrs. Hedley Atkins has promised to be hostess for the evening.

Double tickets will be four and a half guineas (Students three and a half guineas), and can be obtained from the Ball Secretaries, c/o Front Lodge. Cheques should be made out to Guy's Hospital Rugby Football Club (dance account).

Yours etc.,

M. N. JACOBY,
K. M. PAGLIERO,
R. J. O. SMITH,
Hon. Ball Secretaries.

BOOKS RECEIVED

We acknowledge with thanks the following books which have been received :—

The Wild Place. By KATHRYN HULME.
The Small Woman. By ALAN BURGESS.
The Pan Book of Horror Stories. Ed. HERBERT VAN THAL.
The Pan Book of Party Games. By JOSEPH EDMUNDSEN.

HOSPITAL INFORMATION

NEW YEAR HONOURS

C.B.E. (Military)

William Percival Stamm, M.B., B.S., F.R.C.P., D.C.P., D.T.M.&H. Air Commodore R.A.F. Honorary Surgeon to the Queen.

HOUSE APPOINTMENTS

1ST MARCH, 1960

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st March, 1960.

Assistant House Surgeons (*Pre-Registration* 3
The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.
These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or will remain as A.H.P.
These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*)
(*Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians 2
(1 *Pre-Registration*)
(To commence 1.3.60)
(1 *Pre or Post-Registration*)
(To commence 1.5.60)

Throat and Ear and Ophthalmic House Surgeon (*Pre-Registration*) 1
(Three months at Guy's Hospital followed by three months at New Cross Hospital for E.N.T. duties only.)

Dermatological House Physician 1
(*Post-Registration*)
(To commence 1.5.60).

Neurological House Physician 1
(*Post-Registration*)

Children's House Physician (*Pre-Registration*) 1
(Second six months candidates only.)

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

House Physicians in the York Clinic 2
S.H.Os. (To commence 1.4.60)

Resident Anaesthetists (*Post-Registration*) .. 1
S.H.O. 1

The Medical Committee will also consider applications for posts at outer hospitals as follows :—

DREADNOUGHT SEAMEN'S HOSPITAL
House Surgeon (*Pre-Registration*) .. 1

NEW CROSS HOSPITAL
House Surgeon (General Duties) (*Pre-Registration*) 1

ST. JOHN'S HOSPITAL LEWISHAM
House Surgeon (General Duties with Gynaecology). (*Pre-Registration*) (Preferably 2nd 6 months) 1
House Surgeon for Casualty Duties (*Pre-Registration*) 1

PEMBURY HOSPITAL
House Physician (*Pre-Registration*) (To commence 1.4.60) 1

JOYCE GREEN HOSPITAL
House Physicians (*Pre-Registration*) .. 3

ORPINGTON HOSPITAL
House Surgeon (General Duties with Gynaecology (*Pre-Registration*) 1
House Surgeon (General Duties with Ophthalmology (*Pre-Registration*) .. 1
House Surgeon (General Duties with Orthopaedic Surgery) (*Pre-Registration* 1

HITHER GREEN HOSPITAL
House Physician (*Pre-Registration*) .. 1

QUEEN MARY'S HOSPITAL SIDCUP
House Surgeon (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office, not later than **Saturday 30th January, 1960.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The posts of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

APPOINTMENT VACANT

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited for the post of **Resident House Physician (with Casualty Duties)** for six months from 1st March, 1960. Appointment recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials to the Hospital Secretary by first post on **29th January, 1960.**

APPOINTMENT

Dr. R. C. Greenberg is relinquishing his position with the Essex County Council at the end of February, 1960, to take up the newly created post of Senior Medical Officer, Mental Health Services, in the Northern and Eastern Divisions of the County of Middlesex.

PASS LIST

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Michaelmas Term, 1959

Part I.—Pathology and Pharmacology

B. Blackwell
C. C. Chan
R. J. Cockerill
R. A. F. Cox
Patricia H. Curry
*J. A. Dyde
D. R. Edbrooke
N. J. Gross
I. W. F. Hanham
P. W. R. Harris
W. G. Hartfall
R. J. Heald
*R. A. Lewin
C. N. Mallinson
*D. N. E. Myers
I. D. B. Rennie
S. O. B. Roberts
M. T. Scott-Kerr
R. H. C. Vaux

Part II.—Principles and Practice of Physic

*D. N. E. Myers
P. A. Trott

Part II.—Principles and Practice of Surgery

*J. N. Powell
*J. W. S. Rickett
P. A. Trott

Part II.—Midwifery and Gynaecology

H. J. Eldridge
*D. N. E. Myers
*J. W. S. Rickett
P. A. Trott

*Have completed the examination.

UNIVERSITY OF LONDON

M.D.

J. D. Pryce

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery

November, 1959

Honours

J. H. Bason (*Distinguished in Dental Surgery*)

Daphne R. Butwick (*Distinguished in Surgery and Orthodontics*).

T. B. Dowell (*Distinguished in Pharmacology and Therapeutics*).

D. H. Gibb (*Distinguished in Dental Surgery*).

Pass

J. C. Askew
Roslyn M. Bain
D. Bevan-Thomas
D. G. Carr
Lina R. Clapham
G. M. Edwards
I. D. Evans
B. A. Foster
B. N. Goode
Jill Hampton
W. D. Hargraves
Annette Hasquencort
A. B. Hewitt
M. J. Hill
G. B. Keeble
M. J. Lightfoot
A. R. Lynch
J. M. Murray
M. W. J. Older
Edna M. Parkman
B. D. Pierce
D. B. Rosser
T. G. Tetlow
B. B. Warren
R. M. Watson
M. B. Webb
D. L. Wedgwood

Part I

B. K. Arthur
R. T. Chance
R. B. Charter
N. G. Clarke
M. H. Fanner
E. J. Grant
P. Howard
E.A.L. Jones
B. S. Morgan
R. I. Richardson
M. E. Robinson
J. E. St. Pierre
W. T. Sholl
P. J. S. Turner
J. R. T. Warren
T. Wild

Part II

J. P. Balfe
T. W. Cutress
M. A. Ford
Mary P. Gamble
T. M. A. Heesom
J. A. Howard
C. E. M. Lamb
W. T. Lamb
M. J. Lewis
C. S. Mackenzie
B. Matthews
A. C. Prichard
J. D. Pullan
R. J. Rose
Pauline F. Scotrick
Pauline E. Shaw
J. R. Skippen
D. G. Stone
Sheila J. White

Second Examination in Dental Surgery

December, 1959

N. A. L. Baker
J. B. Burt
M. E. Cave
E. J. N. Chater
J. G. Cook
S. C. R. Evans
P. D. Gedge
R. M. N. Hooker
S. J. Mackay
J. V. Maddison
R. J. T. Miles
T. J. Mirams
R. D. Owen
J. Page
A. J. Pickles
Judy M. Pritchard
R. H. Sainsbury
R. J. Tate

Special First Examination for Medical Degrees

December, 1959

M. G. Barley
M. D. Middleton

The following General Certificate of Education Candidates have qualified for exemption from the First Medical.

G. S. Amily
T. K. Laing
R. J. Siggers
F. M. C. Wade

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Faculty of Anaesthetists

Fellowship

Pamela M. Ordish

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Evelyn Sprawson Prize has been awarded to G. M. Edwards.

NURSING NEWS

Entered :
Sister M. Mills to *Caleb.*
C/M P. Pugh to *District Midwife.*
S/M F. Hyde to *Victoria.*
S/N M. Twyman to *Victoria.*
S/N G. Housden to *Night Duty.*
S/N J. Crowle to *York Clinic.*
S/N M. King to *Bright.*
S/N M. J. Marsh to *O.P.D.*

Left :
Sister J. Parry, *Victoria.*
S/N P. Wardrop, *Theatres.*
S/N L. Culley, *Theatres.*
S/N R. Lees, *O.P.D.*
S/M S. Dalt, *Victoria.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 9d. extra.
Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

SURREY. A Dental Assistantship will be vacant shortly in a pleasant town within easy reach of London. Good class practice, mainly conservative, with own laboratory and surgery staff. Modern equipment. Remuneration by agreement. Accommodation arranged if required. Box No. 209.

Required

GENERAL PRACTITIONER needs part time Assistant in well organised practice in N.W. London. Some calls and evening surgeries on Mondays, Tuesdays and Wednesdays and alternate Saturday mornings. Own car needed, car expenses allowed. Suitable for doctor studying for higher degree. Box No. 210.

ASSISTANT with view to Partnership for Dental Surgeon—keen on children and orthodontics—in a General Practice in Maidstone area. Box No. 211.

For Sale

HALF SKELETON with Skull £9. Ring RIC 0433 evenings.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Barber, Hugh. Sleep without Drugs. *Practitioner*, 1959, **184**, 67.

Burn, J. H. and another. Choline Acetylase Activity in the Atria and its Possible Relation to the Maintenance of the Membrane Potential. *Brit. J. Pharmacol.*, 1959, **14**, 493.

Davison, A. N. and Dobbing, J. Phospholipid Metabolism in Nervous Tissue. I.—A Reconsideration of Brain and Peripheral Nerve Phospholipid Metabolism *in vivo*. *Biochem. J.*, 1959, **73**, 701.

Hilton, S. M. A Peripheral Arterial Conducting Mechanism Underlying Dilatation of the Femoral Artery and Concerned in Functional Vasodilatation in Skeletal Muscle. *J. Physiol.*, **149**, 93.

Hilton, S. M. and others. Sensory Input to Hypothalamic and Mesencephalic Regions Subserving the Defence Reaction. *J. Physiol.*, 1959, **149**, 45P.

Höhn, E. O. Probaction in the Cowbird's Pituitary in Relation to Avian Brood Parasitism. *Nature*, 1959, **184**, 2030.

Kendall, P. Hume and others. Chlorthenozaxin. A New Analgesic. *Brit. med. J.*, 1960, i, 36.

Merivale, W. H. H. The Contribution o Laundering to Hygiene. *J. R. Inst. publ. Hlth.*, 1959, **22**, 282.

Parks, A. G. The Micro-Anatomy of the Breast (Hunterian Lecture). *Ann. R. Coll. Surg. Engl.*, 1959, **25**, 235.

Post, H. W. A. and Southwood, W. F. W. The Technique and Interpretation of Nephrotomograms. *Brit. J. Radiol.*, 1959, **32**, 734.

Rees, R. J. W. Recent Advances in Leprosy Research. *West Afr. med. J.*, 1959, **8**, 325.

Rees, R. J. W. and another. A Simple Apparatus for the Transport of Leprosy on Ice. *East Afr. med. J.*, 1959, **36**, 495.

Rees, R. J. W. and others. Macrocyclon in the Treatment of Pulmonary Tuberculosis. *Tubercle*, 1959, **40**, 369.

CHANGES OF ADDRESS

G. L. Cocker, L.D.S., 156, Westbourne Grove, London, W.11. (Bayswater 0752) and 106, Harley Street, London, W.1. (Welbeck 2785).

P. Kurland, L.D.S., 15, Ridge Avenue, Winchmore Hill, London, N.21. (Lab. 4740).

D. A. Lillicrap, B.M. B.Ch., 36, Orpington Road, Winchmore Hill, London, N.21. (Pal. 4377).

R. I. Muir, M.B. B.S., St. Barnabas House, Duncan Road, Gillingham, Kent.

J. G. Wright, M.B., B.S., Launceston General Hospital, Launceston, Tasmania.

BIRTHS

BENSON.—On 28th December, 1959 at the Trevalyn Maternity Hospital, Wrexham, to Margaret (née Bluff), S.R.N., and Peter Benson, M.B., B.S., a son.

IRELAND.—On 28th December, 1959, at Nuffield House, Guy's Hospital, to June (née Bagnall-Oakeley), wife of Capt. E. A. Ireland, the Worcestershire Regiment, a son.

METCALFE.—On 27th December, 1959, at Greenshutters, Hawks Hill Close, Leatherhead, to Pat (née Exelby), S.R.N., and John Metcalf, L.D.S., a son (James), a brother for Paul and Guy.

RANKIN.—On 2nd January, 1960, at Guy's Hospital, to Audrey (née Charles), and Lloyd Rankin, a daughter.

READ.—On 19th December, 1959, at 2, Rowcroft Close, Honiton, Devon, to Gillian (née Wood), S.R.N., and Richard Read, M.B., B.Ch., a son (Christopher John).

MARRIAGE

KURLAND—REDOM.—On 23rd August, 1959 Philip Kurland, L.D.S., to Joyce Redom.

DEATHS

LANE-ROBERTS.—On 25th December, 1959, Cedric Sydney Lane-Roberts, C.V.O., aged 71 years, of Mill House, Tewin, Herts.

MORRELL.—On 21st November, 1959, John George Morrell, L.D.S., aged 85 years, of Queensgate, Hartburn Lane, Stockton-on-Tees, Durham.

TOWNSEND.—On 19th December, 1959, Charles Geoffrey Townsend, M.A., M.B. B.Ch., of 45, London End, Beaconsfield, Bucks. Consultant Anaesthetist Woolwich Memorial Hospital.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1866 30*th January* 1960 *One Shilling*

PASSIM

Waiting to be seen

LOST souls, forgotten people—those who wait to be seen by the doctor have a common consciousness of endless hours of waiting stretching ahead of them. We who see the fortunate heads of the queue can only with difficulty appreciate the mixture of apathy and frustration which comes upon the individual who waits, his identity lost in a blurred queue of faces. All of us in hospital are seen, when necessary, by our colleagues, our superiors, the directors of our health services inside the Hospital. Medical men and women in practice outside the hospital can usually obtain medical advice with little delay. We all become accustomed to the seas of faces in Front Surgery, at the Dispensary, at out-patient clinics and at the appointments desk, and we are rarely ourselves obliged to queue. We write this *Passim* in the ideal state, perhaps, for journalists—putting ourselves in the place of those whose plight engages us. With other Guy's men, we have had a foggy journey to Blackheath for a medical examination to decide whether we are fit to doctor the last of the National Servicemen. We were admitted three-quarters of an hour after our appointment time, and we have been huddled into a series of cubicles, undressing by stages, having a plantar response elicited here, a visual acuity test there; we have been asked the names of three Prime Ministers (a joke, of course ?) while standing on one bare foot on a splintered wooden floor. We have been inscribed as overweight, under-exercised, chesty, long-sighted, short-sighted, and we have all been found to fit into Grade I. With us were young men such as we meet in Front Surgery and Out-patients. Their comments, boisterous and blistering, have a familiar ring—and we find ourselves agreeing with them. We have had a salutary reminder that medical staff must not only avoid delay with queues, but must be seen to be avoiding delay, if the goodwill of the patients is to be retained. We have no wish to repeat the experience, but it was an instructive one, and we commend to all Guy's men and women, with the deepest fellow-feeling, the queues with whom they deal each day. To be trite, let us keep them waiting just a little less each day !

We extend a warm welcome to the new Resident Chaplain, the Reverend A. J. M. Saint, and to his wife and sons. Mr. Saint has been Vicar of St. Stephen's, Cheltenham, and will take up his duties

on 1st February. Since Mr. Child left, the Provost of Southwark and his staff have been looking after his "parish", and we are most grateful for their help.

The Ministry of Health, through its Central Health Services Council, last year appointed a Committee to inquire into "Hospital Laundry Arrangements". The Chairman of the Board of Governors Lord Cunliffe, was chairman of the Committee. In their searching and practical recommendations it is pleasant to find that the procedures followed at Guy's match in nearly all respects the standards and procedures set out by the committee as the safest and most desirable methods available to modern hospitals.

The *Evening News* of 23rd January had an agreeable photograph of "Lofty" the Head Porter, with three attractive nurses in the Colonnade. This illustrated a necessarily not-very-searching article on Guy's and the work being done here. Sister Asquith, of *Addison*, was cited as an instance of the warmth of the relationship between the patients and the nursing staff: we heartily concur.

The broken hard-core surface of the Courtyard between the Linen Room and the Superintendent's office has been replaced by a lawn. We applaud this move to brighten one of the more ill-kempt, but potentially attractive corners of Guy's. Perhaps there will be others?

In order to allow more time for teaching nurses, there will in future be a Staff Nurse on each ward. Naturally, this means that more Guy's trained nurses are needed, and we recommend any who are interested to apply to Matron.

The Students' Union are to hold a major raffle, and will undertake many smaller money-raising efforts, in support of the International Refugee Year. The details have still to be announced, but it is incumbent on us to support the organizers with all our resourses.

The new plastic transfusion sets make the glass and rubber ones seem a bad dream. Three times at night we have seen a ward awakened by the crash of a more mundane but no less indispensable article—can we hope that plastic may replace glass here, too ?

NOTICE

ANNUAL DENTAL CLINICAL MEETING

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 5th March, 1960, and the Dental Society Dinner will be held in the evening. A detailed programme of the Meeting will be published in the *Gazette* on the 13th February, 1960.

GUY'S DIARY

FEBRUARY			Exhibition. *The Testicle.*
1st	M	1.00	Dr. Hutton. Clinical Lecture. *Anaesthesia for the Very Ill Patient.*
		5.30 p.m.	Endocrine Demonstration. Physiology Theatre. *Aldosterone Metabolism.*
2nd	T	1.00	Professor Spurrell. Clinical Lecture. *Therapeutic Rest.*
4th	Th	1.00	Mr. Lawrie. Clinical Lecture.
5th	F	1.00	Dr. Joiner. Clinical Lecture.
8th	M	1.00	Mr. Law. Clinical Lecture.
		5.30 p.m.	Endocrine Demonstration. Physiology Theatre. *Hyperparathyroidism.*
9th	T	1.00	Dr. MacKenzie. Clinical Lecture.
		1.00	Mr. Warner. Dental Clinical Lecture. *Some Lesions of the Tongue.*
11th	Th	1.00	Mr. Glover. Clinical Lecture.
		1.00	Mr. Pringle. Dental Clinical Lecture. *On Orthodontic Treatment.*
13th	S	10.00	Surgical Departmental Round, conducted by Professor A. W. Wilkinson, of the Institute of Child Health. Clinical Theatre.
15th	M	5.30 p.m.	Endocrine Demonstration. Physiology Theatre. *Virilism.*

NOTICES

ANNUAL DINNER OF THE THIRTY CLUB

The 31st Annual Dinner of the Thirty Club will be held on Friday, 13th May, 1960. Members are asked to note the date. Details will be sent to them in due course.

GUY'S DENTAL SOCIETY ANNUAL DINNER

Will all members of the Dental School qualified after 1957, who have not been informed of the above function and who would like to be present, please contact the Honorary Secretary as soon as possible.

The Dinner will take place at The Park Lane Hotel on Saturday, 5th March, at 7.00 p.m. for 7.30 p.m.; cost of tickets 35/- each, made payable, by crossed cheque, to Guy's Hospital Dental Society.

P. J. C. HARGRAVES,
Hon. Dinner Secretary.

THE ART SOCIETY

Sir Herbert Read will give a lecture at Guy's on Thursday, 4th February, at 5.15 p.m., in the Dental Theatre. The subject will be :

" Recent Developments in Abstract Painting ".

Coloured slides will be shown.

Sir Herbert is a poet, a publisher, an author; he is President of the Institute of Contemporary Arts, and, above all, he has always had a strong voice in support of contemporary painters. Everybody has strong views on abstract art, one way or another, and this is a chance to hear such an expert for the defence. I hope it is not necessary to add that all the members of the Hospital, staff, nurses, students and patients, are always very welcome at Art Society Meetings.

In the week following this meeting, on Tuesday, 9th February, an exhibition opens in the Gordon Museum. It has the rather ambitious title :

" An Exhibition of Pictures in the Possession of the Governors and Staff of Guy's Hospital ".

Ambitious because clearly not all the Governors or Consultants collect pictures, and not all the pictures that have been offered so generously could be shown at one time. But a selection of pictures has been made, and they will be on view for two weeks, Saturday and Sunday excepted. The hours will be from 10 a.m. until 5 p.m., and until 5.30 p.m. on Mondays and Fridays.

C.N.M.

GUY'S HOSPITAL LADIES' ASSOCIATION

A Jumble Sale will be held on Friday, 19th February, at 2 p.m., in the Nuffield Nurses' Home (entrance; York Clinic Gates), to enable us to provide extra comforts for New Guy's House. We should be most grateful to receive old clothes, etc., for this purpose.

We should be pleased to receive goods at 24, St. Thomas's Street, on any Tuesday or Thursday between 10 o'clock and 12 noon.

Large Vases or old-fashioned tureens are needed for flower arrangements and would be especially welcome.

GUY'S HOSPITAL REPORTS. Vol. 108. No. 4

Editor : SIR RUSSELL BROCK, M.S.

Assistant Editor : J. C. HOUSTON, M.D.

CONTENTS

PAGE

The Syndromes of Bright's Disease
By Prof. M. L. ROSENHEIM 403

The Nature of Deviants with a Further Analysis of Contaminants
By HEDLEY ATKINS 423

Systemic Lupus Erythematosus Complicating Chronic Liver Disease
By MICHAEL D. ROBSON 438

Operative Procedure in Strangulated Obturator Hernia
By E. F. SOOTHILL 444

Cleansing and Sterilization of Hospital Blankets
By C. G. A. THOMAS, BETTY WEST and H. BESSER 446

GUY'S HOSPITAL SOCIETY—BOURNEMOUTH AND WESSEX BRANCH

The Chairman of the Committee for the coming year is Mr. G. A. Lawson-Brown, and not Mr. A. W. Hilliam, as previously announced.

The Quodlibet Society

Mr. Francis Williams was the guest of the Society on 14th January, and Mr. Jeremy Hallpike was in the Chair. The subject of Mr. Williams' talk was "The Power of the Press."

Mr. Williams contented himself at first with a routine but none the less interesting history of the growth of the popular press. Later in his talk and in the discussion he painted a revealing picture of the morals of the Press monopolies of today.

The next meeting of the Society is on 11th February. The guest is Mr. Lindsay Anderson producer of "The Lilywhite Boys" which has just opened at the Royal Court Theatre. Mr. Anderson has also been concerned with other productions there and with the Free Cinema movement.

A.H.

OBITER DICTUM

"I always say that Guy's just would not be the same without all the boys and girls."—MATRON (thanking members of the cast of the Christmas Show for entertaining after the Sisters' Dinner).

BUSH OBSTETRICS

By T. R. CULLINAN, M.B., B.Chir.

This is written from Arua in Uganda. Arua is the sort of place you never think of until you find yourself landed there—thirty or so Europeans and 400 dirt track miles to the nearest railway, at Kampala. Actually it is almost on the Belgian Congo border and very near the Sudan; it is the District headquarters for an area about the size of Wales lying between the Congo and the Nile. There are something like 350,000 Africans in the District—for the most part living in small scattered villages and, frankly, for the most part undaunted by any but the most superficial of Western ideas. There is a hospital in Arua with 120 beds, including a very good, brand new, maternity ward of 24 beds; there are also 17 rural dispensaries each in the charge of an African medical assistant. The West Nile has 3 doctors employed by the Government and stationed in Arua and 3 missionary doctors in other parts; so the work is continually varied, continually interesting and very often somewhat hair-raising. But since this article is intended to be obstetrical it will have to be confined to that aspect.

In any newly developing country where our sort of medicine is a novelty obstetrics always seems to lag behind. It is hard to pinpoint a reason for this, but it is very apparent here and it is only in the last few years, and after ceaseless efforts, that the people are beginning to regard childbirth as something which can be directed and, if need be, helped. This idea is so fundamental at home that it is difficult to appreciate a society where, until ten or twenty years ago, there was absolutely nothing that could be done to change the outcome of a labour; where obstruction, hæmorrhage and retained placenta all meant certain death, and an incomplete abortion usually did; and where each and every woman becoming pregnant knew and accepted these ideas. Even now it is still a minority that believe "white medicine" can help; it is not a concept you can go out and teach like hygiene or pest control; it can only be taught by catching as many as you can while something can still be done and demonstrating that it can be done. This, as you can imagine, is fraught with difficulties where there may be a delay of 1 or 2 days before a message gets through that an ambulance is needed, and that ambulance has to make a trip of, perhaps, 70 or 80 miles along a dirt track to reach the patient.

So, to begin with, the patient often arrives in the hospital in a desperate condition—far worse than ever should be the case at home. You get the feeling that there should be about 5 more pages to every chapter in the standard textbooks on obstetrics—dealing with the patient who has had no ante-natal care, who is being seen two days later than she should be, and who was probably in a poor enough condition before she even started labour. The teaching at home is complete and sound but things can happen that are never thought about enough. Obviously obstruction is the most terrible and, from this, ruptured uterus, leading almost invariably to death. We have established a sort of living blood bank of donors ready to rush to give blood, but it is often too late and, even supposing one can get

a patient into operable condition, a hysterectomy in the middle of the night by hurricane lamp is an operation not to be recommended lightly. But where the patient has come in early and the baby is still alive, all the standard teachings apply and our results are most encouraging.

The other chief bugbear is an old retained placenta. The patient comes in 3 or 4 days after delivery during which time the local witch doctor has had a thorough work-out on her, including some very strong oxytocic herbs they have, as well as sitting on the abdomen and pulling on the cord. I suppose this method of treatment is sometimes effective but, when it is not, you are left with a patient who has bled profusely and now has a large bag of pus in her abdomen. If she is, or can be made, reasonably fit, I am convinced a gentle manual removal is the treatment of choice although I have heared strong antibiotic therapy, and waiting, advocated.

In order of frequency, uterine inertia with foetal death is seen next most often. The mother, usually multiparous and in poor health, has been in labour, the delivery has failed for one reason or another to take place and the uterus has lost its tone. This is a very difficult case to treat. When we see them the baby is invariably dead, the head, of normal size, is usually in the vagina but the body is so blown up with gaseous distension that it is impossible to deliver it at all even when the uterus has been induced to resume its contractions. A destructive operation is invariably needed and somehow the abdomen has to be pierced without injury to the mother. The whole procedure is a miserable business, especially at night.

These are the major complications—for the most part the others are what you expect at home. There are a few minor oddities; female circumcision, though quite illegal, is still practised by the Moslems along the Sudan border and necessitates a large episiotomy; and the interference of a witch doctor can do untold damage to a vagina.

However, the picture is by no means invariably gloomy. Toxaemia and eclampsia do not exist, and hospital and other infections almost invariably respond quickly and completely to penicillin. We have a flourishing and well attended ante-natal clinic in the town and most of the mothers living nearby come to it. We also hold a monthly ante-natal clinic in two villages where co-operation and understanding are reasonably high—attendance varies with the weather and you have to be sure everyone gets some pills each time because they can't understand what conceivable reason there could be for attending otherwise. Still, since some of them walk 15 to 20 miles each way to attend, they have a right to expect something. Anaemis is a never-ending problem and syphilis is common ; it is these two and malpresentations that we try to do something about at these clinics.

Post-natal and infant care is good in the township and almost non-existent elsewhere. Despite this, nearly 24 per cent. of children in the town die before they are 4 years old and the figure is not far off fifty per cent. in the country. The peak incidence is around 1 year and is due to malaria, gastro-enteritis and pure ignorance; this is, relatively, a land of plenty and no one need be underfed.

It is a question, as always, of doing the best you can with every case and this is the only final consideration, but in a country like this there is the constant feeling that everything you do has far wider implications than at home. If a woman comes in from a remote village and has a successful Cæsarian section, a definite step forward has been made; if, however, her condition is bad and she dies, either because operation was impossible or because it failed, you may be sure that there is one village where you have lost maybe ten or twenty years' progress. To send a woman, who has arrived far too late, home again is occasionally tempting; the lesson learnt is a lasting one but the philosophy that one man should ever die for the good of the people is an old and dangerous one.

All these things could be enlarged on; this is a very sketchy article. As a post-script I may say that the Muslims with their eternal problems of infertility make the worst patients of all; but you can't explain to a girl that she is only infertile because her husband has taken four more wives since he married her, without making her even more unhappy than she already is. So it is a question of Doctor and insufflation as a moral booster, and an impressive talk involving dates, a little astronomy and even some astrology since all these things depend, to them, on the cycles of the moon. Obstetrics in Africa is amusing, harrowing and very worth while; you learn a lot very quickly, especially when you are quite on your own as one is up here.

CORRESPONDENCE

Letters to the Editor of the Gazette

Residents' Play

From the President of the Residents

SIR,—The Residents' Play will be performed on each evening from Tuesday, February 23rd to Friday 26th. Applications for tickets should be addressed to the President of the Residents, and should reach me not later than 11th February. Every effort will be made to allocate seats fairly, but inevitably some applicants will be disappointed, and to these I offer my apologies in advance.

As usual, there will be no charge for the tickets, and the high cost of production must be met by donations.

Yours etc.,

J. G. HOLMES-SMITH

President of the Residents.

The College,
Guy's Hospital, S.E.1.

Facts, Figures and Forecasts

SIR,—New Year resolutions may be outmoded, but it is always salutary to weigh the events of the past year and to plan for improvements. Like looking through the wrong end of a telescope, it would appear that the patient is a long, long way from our vision when planning nurse supervision, education, and conditions of work.

Excluding trained staff, 140 different nurses in *one year* have passed through my ward of 16 beds. One patient asked me, "Why do the nurses call themselves

a pair of hands ?" Why, indeed ! And here, too, is food for thought. The time lag occurring from nurses not being conversant with their job, and the killing of enthusiasm in sisters who are not able to reap the reward of their teaching by delegation of responsibility.

Let us stop to think of a ward of 45 beds, sometimes with extra beds put up, and one sister struggling to cope with Medical staff, patients, their relatives, telephone calls (40 in one hour is not uncommon), domestic staff, and this ever changing stream of nurses passing through her ward, which is already understaffed for the standards and methods expected at Guy's. Is it not time we reduced the beds to 20 under the care of one sister ?

The criticism which crops up frequently in nurses' examinations and in their practical reports is "Lacking detail. No imagination applied to their nursing." Are we being unjust ? As a nurse it took me a fortnight to become conversant with my responsibilities in a new ward and a month before I began to learn progressively. Today the pace is so much greater. I wonder if the present day nurse can ever feel secure in the knowledge and application of her work—and are ward sisters becoming merely directors of nurses and not delegators of responsibility ? As example : a State Registered nurse came to ask me if she might give a child a drink of water following a tonsillectomy. My reply was that as she was a trained nurse she ought to have enough knowledge to make such a decision herself. She said some sisters did not like her to do it *without their instruction.* I can well understand why sisters are driven to this method of "don't do it unless I tell you to", but it is a bad training for prospective trained nurses and sisters.

This year the mid-summer madness of the 44-hour week for nurses commenced in a profession already grossly under-staffed. It may be said that it was introduced to raise the recruitment of student nurses. I suggest it will have the reverse effect on the recruitment of trained staff all over the country ; the student nurse is gaining at the expense of her trained sister. There are two factors here, one being that working hours cannot be reduced until the work load of both sister and nurse has been properly assessed, and the other is that no one will take a post unless it is attractive to her—the difficulty in getting sisters and staff nurses is proof positive of this.

The method used in Guy's of implementing the 44-hour week is to give each nurse two days off duty a week: thus a ward of ten nurses must fit twenty 'days off' into a week with no increase in the general ward staff to compensate. This implies that either we did not work hard enough before or our standards were too high. Let us be honest and state that it is our standards which are falling into this sea of administrative muddle. The use of skilled staff for unskilled work is not economical; it is the sisters and staff nurses who are manfully trying to make up the deficiencies in ward staff and in applying practical nursing to the patients. One sister told me she had to take on five patients of her own to look after for the week-end—others are making all the beds, giving medicines, and many other nursing procedures—not for teaching purposes but because there is no one else to do it.

"The aim of a veritable community is not that this or that member of it should be disproportionately at ease but that the whole should flourish."

At the present time there are 64 second year nurses in the School of Nursing for six weeks. We have just gone through a period when 90 Head Nurses were withdrawn from the wards—56 into the school and the rest on holiday. The care of sick patients has been reduced to dangerous limits. The School of Nursing should no longer withhold their fair share of responsibility for the care of the patients, but should send school nurses into the wards for two hours a day while these alarming shortages continue. As a suggestion they could come into the wards from 7 a.m. to 9 a.m. under the supervision of two tutors. Patients could be washed, beds made and dressings done. I also suggest that breakfasts should be cooked by the right department and not by the night nurses, and served by the *day* staff at 8.15 a.m. These two suggestions may also have the advantage of opening the wards earlier in the morning for the medical staff. I can hear howls of horror going up ! "What about case allocation ?" Let us not hug to our bosoms something which does not exist today !

At the inception of the 44-hour week, after the trial period, the ward sisters stated that their reduced staff did not cover *any* emergency whatsoever. Surely the withdrawal of 90 Head Nurses from the working complement of the wards may be termed an emergency—most ward sisters would call it a calamity.

There is no place for both the Block system of study and the 44-hour week unless we have more nurses—and it takes three years to train them for the full coverage of a wards staff.

I commit this letter to your pages, Mr. Editor, in the hope that those concerned with the welfare of the patients will read it.

Yours etc.,

M. S. GRIFFITH,
Sister.

"C" Floor,
Nuffield House,
Guy's Hospital, S.E.1.

Prevention of Tetanus

SIR,—I read with great interest the minutes of the meeting held to discuss the prevention of tetanus. The adopted policy was eminently sound, but how can this be related to general practice ? The practitioner must be in attendance during the whole procedure of passive immunization. His management must be as safe as that of the Casualty department.

Mr. Batten's procedure of Penicillin, toxoid, and no A.T.S. is a tempting one.

My score so far is : No tetanus, two cases of severe serum disease, and one severe anaphylactic reaction the test dose having given no warning. If only one knew how many cases of tetanus, if any, one prevented.

Yours etc.,

HUGH WARRICK.

Hythe, Hants.

Sophie's Hostel

SIR.—I was delighted to read a letter in the 21st of November, 1959, issue of the *Gazette*, signed "Sophie's Hostel Man".

As one of Sophie's faithful alumni, I agree that "Sophie's Hostel" is definitely the appropriate name for the so-called "Old Hostel". I was certainly happy to hear that Sophie still remains the head of her hostel, and all of us who have lived there will never forget her kindness.

Yours etc.,

ROBERT G. WALTON, M.D.

1700 McHenry Village Way,
Modesto, California.

"Quackery" Needed

SIR,—Is it not time to look more carefully at the official mind at work ? I speak for myself and because of my training and circumstance it is of course necessary to be careful not to give bias towards an earlier day.

Practitioners have for long been urged, and pushed, to what may be termed precision engineering, which may be laudable in itself to a point. It certainly assists the tabulated schedule, but does it help the patient or the practitioner ?

Doubtless I shall be accused of heresy, but I suggest it may be a lot wiser to look carefully at the patient, and reality, ignore the schedule and indulge in a whole lot of quackery.

Yours etc.,

JOHN DOMINICK.

Treniffle Lodge,
Lawhitton,
Nr. Launceston, Cornwall.

OBITER DICTUM

Miss RUPPEN (*Manageress of the College Catering Company*): "What do you expect to eat—braised squirrel ?"

GUY'S HOSPITAL RIFLE CLUB

Winners of the Inter-Hospitals and United Hospitals Cups, 1959

D. J. Boulten *P. J. C. Hargraves*
K. M. Pilcher *K. A. Robertson* *N. L. Eckhoff, Esq.* *A. R. Lynch* *B. J. Heath*
Absent : C. Ashworth *(President)* *R. J. Heald*

Results of 1958/59 Season

Small Bore.
Lloyd Cup Competition.

"A" team was 3rd
"B" team was 8th
} out of nine entries.

K. A. Robertson was awarded the prize for the highest aggregate in the Competition, with an average of 98.125.

Won v. Staff.

Full Bore.

Won v. Farncombe and Godalming Rifle Club.
Won v. R.A.F. Cranwell.
Won Hospital Entry of University of London Championships.
Won v. Staff.
Won N.R.A. Inter-Hospitals' Cup.

A score of 386 was recorded in this event, beating the previous record (held by Guy's) of 380. This was the eleventh year running that the Guy's team has won this event.

The team for this year was :—

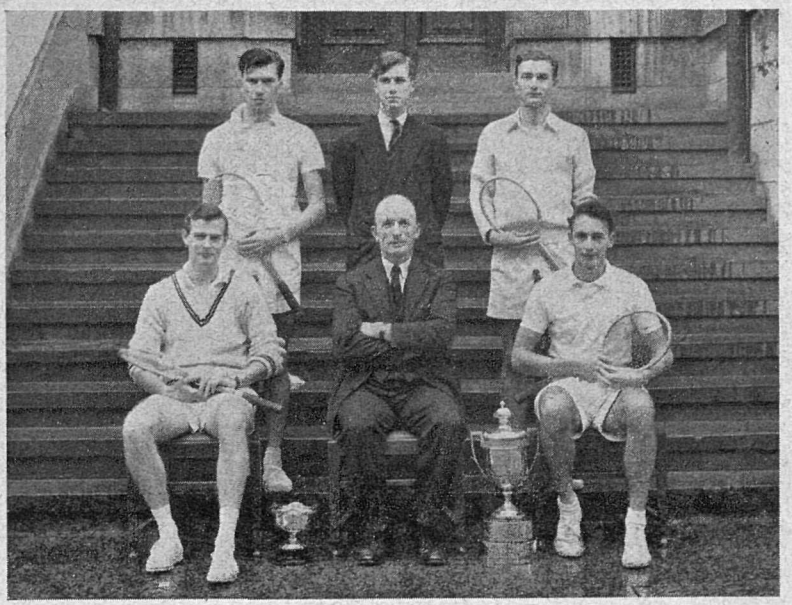
K. A. Robertson. R. J. Heald. K. M. Pilcher. D. Boulten.

Finally, congratulations must be offered to K. A. Robertson for a very good season, not only in the Small Bore, but at Bisley, where he took many individual prizes in the events, as well as winning the Guy's Challenge Cup.

D.B.

GUY'S HOSPITAL LAWN TENNIS CLUB

Winners of London University Tennis Cup, 1959
Winners of United Hospitals' Tennis Cup, 1959



D. M. Lewsey (*Captain*) — *M. J. Mitchell* — *J. B. Blaikley, Esq.* (*President*) — *M. W. Blake* — *R. J. Rose* (*Secretary*)
Absent : M. H. Devereux — *N. Dobie*

A Concert of Christmas Music

GIVEN IN THE CHAPEL ON 8th DECEMBER

Programme : Carols, sung by the Music Club Choir :

I saw a Maiden,
A Carol of Adoration,
Three Kings from Persian Lands Afar,
In Dulci Jubilo.

A *Ceremony of Carols* for Soprano Voices—Benjamin Britten, Sung by the Nurses' choir, with David Watkins (harp).

Two harp solos : *Allemande* and
Tempo di Menuetto—J. S. Bach.

Carols : *Lullay my Liking,*
The Legend,
A Spotless Rose.

Fantasia on Christmas Carols—Ralph Vaughan Williams.

We have come to expect from Robert Sells and the Hospital Choir a vigorous and masterly performance of whatever they attempt, and as soon as this concert had begun it was clear that we were not going to be disappointed.

The carols were sung clearly and the tone was excellent throughout. Balance also was good, though there were occasions when the male voices could have been brought out a little more. In "Three Kings from Persian Lands afar", we heard the first of John Winter's baritone solos. He sang very well throughout; his diction, tone and intonation were excellent, and his singing pleasingly devoid of affectation.

In the "Ceremony of Carols" the Nurses' Choir was very ably accompanied by David Watkins. The harp is an ideal instrument for the accompaniment of voices, and it is a pity we do not hear it more often. The carols were well sung, and the tone on the whole was good, though there was a tendency to shriek at one or two points. The two soprano soloists both sang with a full tone and in tune, and the contralto also sang well enough, but seemed a little lacking in confidence. In the interlude the harpist really came into his own, playing sensitively and with great skill. Altogether, this was a creditable performance of a difficult work.

Of the two harp solos David Watkins gave an excellent and skilful performance. At one point in the Bach the rhythm seemed a little uncertain, but this was soon remedied. In the three carols which followed, the choir produced a clear and well-balanced sound, and the soloists once again sang well.

The concert ended with Vaughan Williams's Fantasia on Christmas Carols. Here again the choir produced a full, warm and pleasing tone. They did, however, alter pitch somewhat while unaccompanied, which was made evident on the re-entry of the organ, but this was soon remedied. The baritone soloist again gave a confident and masterly performance, and the organ accompaniment was adequate without being intrusive.

An enjoyable evening was had by all those present. The concert was very well received, and it is a pity it was not better supported. Next year's productions can be confidently recommended to all members of the Hospital, and it is to be hoped that many more will come.

IAN A. MACKENZIE.

Magazine Review

AMBIT, Winter, 1960. No. 3.

Writing in this the 3rd number of the new magazine *Ambit*, Mr. Martin Bax, the Editor, states the objects or ambitions of the publication to be : "publishing the work of writers and artists with whom the public is not familiar". The works to be included are poems past and present, short stories of high literary standard, and drawings. These are to be presented in such a way as to be palatable to those unfamiliar with the work of modern poets, writers and artists.

How far have these laudable aims been achieved in this issue ? It contains ten poems, the work of seven poets. One of these by an American poetess, Willa Cather, who lived from 1873 to 1940, is featured in 'Poem from the Past'. Alongside the poem is a short biography, which provides an interesting background for those, who like myself, are not familiar with her work. Three of the poems selected are by Norman Wallace and show him to be at home in several styles in the modern idiom. Ray Keller who contributes two poems has already published several works in America. Other poems are from the works of C. C. Cunningham, Arthur Jacobs, Roger Shaw and Edwin Brock. Of these I particularly enjoyed the evocative little poem of Arthur Jacobs' entitled 'Old Lady'.

The drawings by Christian Kurvenal and Ian Colverson present a profound contrast. Ian Colverson's drawings entitled 'Harbour Wall', Beachscape', and 'Boats on a Beach' have all a similar theme, the central form being an abandoned boat, high and dry, but he has made three interesting compositions around this focal idea.

Mr. Kurvenal's drawings are already known to a wide public in this country amongst the devotees of abstract art. His black and white drawings make a powerful impact and cannot be ignored, no matter whether one likes or dislikes them. One is forced to hold some opinion about them.

Also in this issue is a criticism by Mr. Robert Harland of the work of William Golding, who in addition to his writing pursues the task of teaching Greek and Philosophy, and has at the same time an interest in archaeology and in sailing. The author's development is traced from his first novel 'Lord of the Flies' to his

latest book 'Free Fall'. According to Mr. Harland's view, Golding has reached a point of no return in his work, and one feels with him, after reading this balanced and well written review, that Golding's next step will be of enormous interest.

The short story 'Among the Gorgons' by Christopher Bidmead is most enjoyable. He takes a commonplace situation and relates his tale with a pace and freshness which make up to a large extent for his lack of polish.

When reading the feature entitled 'Puniana' (extracts from a Victorian Pun Book) one is forcibly struck by the lengths to which our forebears were, apparently, prepared to go in order to achieve an effect which strikes the modern reader as painfully contrived. On the whole one feels it was hardly worth the effort.

The magazine itself is pleasantly presented. The type is clearly readable, although in places it shows an alarming tendency to slip sideways. The field which *Ambit* attempts to cover is wide and many similar ventures before it have failed. Nevertheless, statistics notwithstanding, one wishes this magazine all success in the future.

M.B.

MEDICOS LOOK AT . . . . .

On 7th January the world premiere of a film of the Royal Ballet was presented at the Columbia Cinema, and one of the ballets in that film was *Ondine*. The choice of this particular ballet must have been determined by the fact that unlike the other two ballets in the programme, *Firebird* and *Swan Lake* (*Act II*), it belongs to the Royal Ballet and is presented as an example of their new works. Since the audience for the film of a ballet is much greater than that at Covent Garden, it is worth considering this ballet in some detail. At the time of writing it is not known how much of the ballet was shown but it appears that almost the whole of it was screened.

The story to quote the programme is that of "Palemon and Ondine, telling how Palemon wedded with a water-sprite and what chanced therefrom . . ." The programme tells little more except that Palemon dies and Ondine returns to the sea. The scenario has been freely adapted by Frederick Ashton from the story by the Frenchman Fouque, so freely adapted, one may add, that the original idea is completely lost and the story one sees enacted on the stage has little point, except perhaps to stress the fact that to fall in love with a water-sprite will ultimately end in death. Unlike the ballet the original story does not start with the rejection of Palemon by the woman with whom he is in love but with the marriage of Palemon to Ondine and his subsequent tiring of her and falling in love with another woman. What finally happens in the original story is a punishment for faithlessness and not a cruel fate which overtakes the hero for no particular reason. Unfortunately only too frequently practically no attention is paid to what a ballet is about. It must be possible to wed music, dancing and mime so that the story which unfolds has some significance.

The first act is by far the best, with considerable inventiveness in the choreography and a wonderful solo dance for Margot Fonteyn, when she first appears from the fountain. Here Frederick Ashton is at his most original and he obviously had her in mind when he wrote this part of the ballet. It is touching and also amusing to watch Fonteyn "discover" her shadow and the beating of the human heart, and it requires the considerable powers of acting as well as the dancing ability of a Fonteyn to play this role. The second half of the first act includes dancing by the *corps de ballet* which in its steps and arrangements is a welcome break from classical techniques.

The second act has little dancing in it but the stage effects are impressive—the ship leaving the harbour, the sailing of the ship itself and the storms which occur during the voyage. In this act there are short *pas de deux* and *pas de trois* by Margot Fonteyn, Julia Farron and Michael Soames, but the choreographer's inventiveness seems to have run out.

There is the inevitable *divertissement* in the third act which also contains a brilliant dance behind a gauze curtain performed by Fonteyn and unseen men at the back of the stage. She looks as if she is floating, twisting and turning on and in the air. The performance of this dance demands a body control which is extraordinary. Throughout the ballet, as in the third act, there are interventions by the lord of the Mediterranean Sea, a part which is danced with his usual firmness and authority by Alexander Grant. His appearance usually resolves an

awkward situation, rescues the heroine and overcomes the evil machinations of ordinary human beings. One has to admit that this *deus ex machina* is becoming a little repetitive and tiresome. It is seen in *Sylvia* and *Daphnis and Chloé* and although these and other ballet stories are myths and fairy tales they seem to emphasise the poverty of ideas in new ballets regarding both the basic story and the method of telling it.

Ondine evokes three of the major criticisms which can be levelled at some of the new productions of the Royal Ballet—they are too much wedded to the classical style of dancing, they too frequently attempt a three-act ballet which simply will not extend to that length, and the story is too often a fairy tale or myth. All three criticisms are probably one, and even allowing for the historical reasons which may explain them, the wonderful company built up by Ninette de Valois must show a capacity for development and change as well as an ability to produce the classics of the ballet repertoire. The Royal Ballet's policy may be compared with that of a National Theatre which gives excellent productions of Shakespeare's plays but insists that most new plays should largely repeat his plots and language.

* * * * * * *

Some critics are never satisfied—*Ondine* should have been shorter, perhaps two acts as in *Giselle*, and another even newer ballet, *Antigone*, which has one act, should have been longer. The fact is that the death of Oedipus, the war between his two sons Etiocles and Polynices, the scheming of their uncle Creon, the suicide of Jocasta (wife of Oedipus), the love of Antigone and Haemon, son of Creon, and the irreconcilable clash between Antigone and Creon constitute too many themes for a one-act ballet. In addition to or probably because of this the main argument of Sophocles' *Antigone*, the clash between divine and human law, is lost. What is left is a story of violence without any emphasis on any important moral or ethical problem. Anouilh wrote a modern version of *Antigone* and how well one remembers the clash between Creon (Laurence Olivier) and Antigone (Vivien Leigh) which could so easily be seen to be a parallel of the conflict between the powerful, conquering Germans and the occupied but resisting French.

John Cranko who devised the choreography was at his best in his battle scenes and the dances for the chorus of women, whose costumes were reminiscent of the women seen on the vases of ancient Greece ; their dancing, however, was more like that of peasant dances. He also had an excellent *pas de deux* for Antigone (Svetlana Beriosova) and Haemon (Donald MacLeary). Antigone, however, was not given a chance to develop into a real Greek tragic heroine. Julia Farron, as Jocasta, had a fine opportunity for dancing and acting in her suicide scene and performed well.

The scenery and costumes by a Mexican, Rupino Tamayo, were outstanding, particularly the former because of his use of massive blocks and lighting effects which suggested something grandiose and at the same time threatening and ominous. Perhaps Antigone's abbreviated tunic was a shade too modern and the young men's bodies were rather over-exposed. The music was by a Greek, Mikis Theodorakis and, in a modern idiom, was exciting in the battle scenes, tragic in the choral scenes and tender in the love scene.

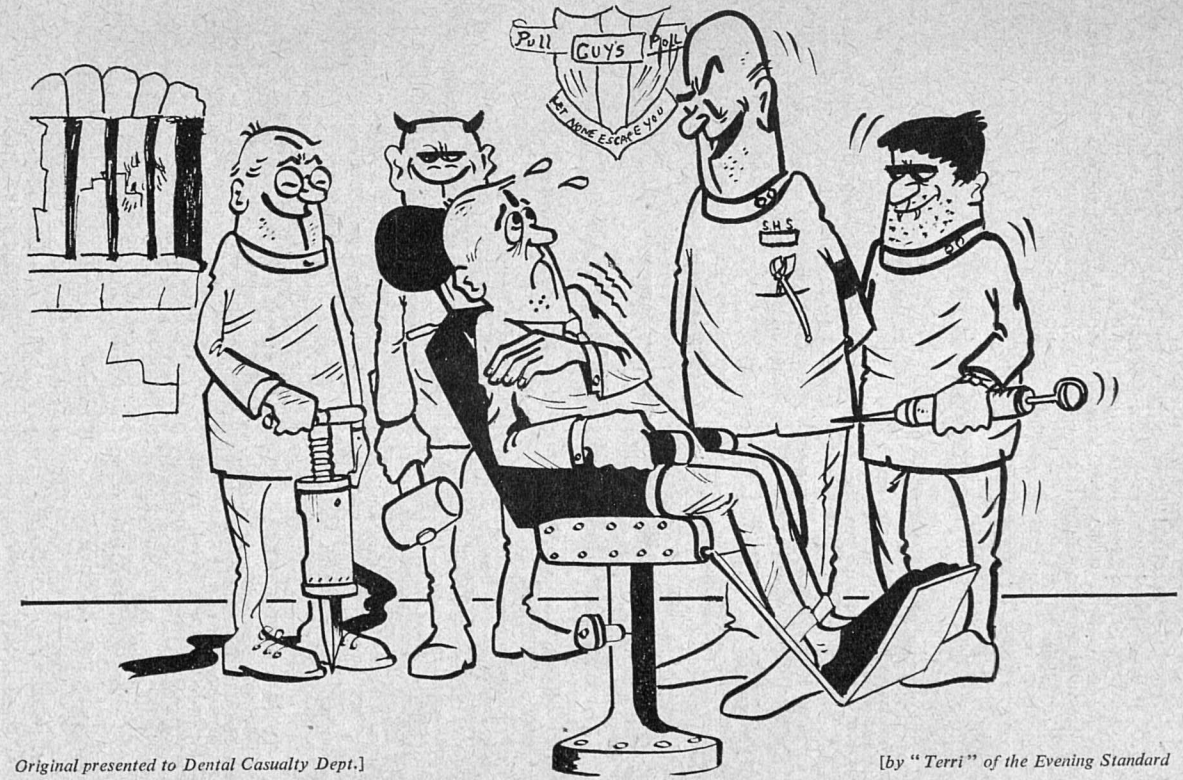
Let it be said that both *Ondine* and *Antigone* are in many respects successful ballets, but how much better would they be were they truer reflections of their original themes and of the appropriate length, in the one case not padded out and in the other not too compressed.

REVIEW

Final M.B. Papers. By THE FACULTY BOARD OF MEDICINE. Cambridge University Press. *Price* 10 *guineas.*

Just in time for Christmas came yet another anthology in this deservedly popular series. The present collection of monographs, by various authors, is clearly and concisely presented, and one can but marvel that a dozen sentences should suffice to sum up the work of two and a half years. Many readers will feel that certain sections are too technical, or place too much emphasis on detail; but there will be few who turn the final page of this work without feeling a keen awareness of the depth of its penetrating insight.

R.A.L.



Original presented to Dental Casualty Dept.] [*by "Terri" of the Evening Standard*

Well! Well! so you're the chappie who does all those nasty malicious little drawings about our sacred profession.

Eighty-Five Years Ago

(From Guy's Hospital Gazette, 23rd January, 1875).

"The General Practitioner should ever be an officer of public health. 'Prevention is better than cure' should be a practical motto in his every-day work; and if he does his best to carry the motto out, he may with a good conscience be less exercised in his mind in paying frequent visits to those who are not desperately ill, than he would be if he judged of his services by the number of dangerous cases successfully treated."

SPORT

WATER POLO

With two convincing wins over St. Mary's Hospital last term, Guy's Hospital water-polo team have at last succeeded in breaking the dominance of St. Mary's in inter-hospitals' water-polo.

Guy's won the water-polo league, winning all the games with a total of 78 goals scored and 12 conceded.

Team: C. Jamieson, R. Thomas, T. Cutress (Capt.), R. Westlake, D. Lynn, D. Barnes. Reserves : M. Varney-Burch.

C. Jamieson and T. Cutress have also represented the London University water polo team.

GUY'S HOSPITAL MOTORING CLUB

Guy's Hospital Motoring Club have won the United Hospitals' and University of London Motor Club Team Cup for their entry in the Circuit of Kent Rally on Saturday, 23rd January.

This is the first Inter-Hospital or Inter-Collegiate Cup to be presented.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for a full-time **Research Fellowship in the Thoracic Surgical Unit** for research on Cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Initial salary normally within the range £972 to £1,258 per annum, according to the experience and qualifications of the person appointed, but in special circumstances a higher initial salary would be considered. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, as soon as possible.

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (Middle Grade) in the Radiotherapy Department** : duties to commence as soon as possible. The post will be tenable until 30th September, 1960, in the first instance. Higher qualifications would be an advantage, but there would be opportunities for studying for the D.M.R.T. Parts I and II.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **12th February, 1960.**

UNIVERSITY OF LONDON

Boards of Studies, 1960

The membership of the Boards of Studies named below has been amended for 1960 and includes the following Guy's men.

Dentistry: Mr. G. T. Hankey, Mr. M. A. Kettle, Dr. R. V. Bradlaw.
Pharmacology: Dr. J. R. Trounce.
Pre-Clinical Studies: Dr. W. L. G. Gent, Professor J. M. Robson.

Boards of the Faculty of Medicine

Members of the Senate who are members of, or graduates in, the Faculty.

Dr. E. R. Boland Dr. E. C. Warner

Representatives of the Boards of Studies

Biochemistry: Professor R. H. S. Thompson.
Pre-Clinical Studies: Professor C. B. Allsopp.

UNIVERSITY OF LONDON

Recognition of Teachers

Full Recognition

Faculties of Medicine and Science

Alfred Nightingale, M.A.(Cantab.), Ph.D., F.Inst.P., who was formerly recognised as a Teacher of Physics at Guy's Hospital Medical School, has now been recognised as a Teacher of Physics at St. Thomas's Hospital Medical School.

APPOINTMENT

Mr. J. V. Bingay, M.B.E., has been appointed Director of the Training School for Dental Auxiliaries which will be opened in October, 1960, at New Cross, London, S.E.14, for the training of dental auxiliaries in accordance with the provisions of the Dentists Act, 1957.

PASS LIST

CONJOINT BOARD

D.L.O.
M. A. Ness

D.M.R-D.
I. H. Kerr

D.P.M.

R. Neville D. G. A. Westbury

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.

January, 1960

Pathology

*Margaret J. Bown
R. J. Cockerill
R. A. F. Cox
Patricia H. Curry
Susan R. Greenwood
I. W. F. Hanham
W. G. Hartfall
C. N. Mallinson
J. R. Mansfield
P. J. F. Nicholson-Lailey
N. N. V. O'Sullivan
Jennifer P. Peebles
Karen E. Poole
S. O. B. Roberts
M. T. Scott-Kerr
T. Sherwood
*G. M. Slade
M. A. B. Sneary
R. H. C. Vaux
*D. E. Williams

Midwifery

M. K. V. Adalja
*C. S. D. Crane
P. G. J. Dobson
I. T. Field
R. A. Forster
Susan R. Greenwood
I. W. F. Hanham
W. G. Hartfall
F. G. M. Musleh
J. F. O. A. I. Mustaffah
Jennifer P. Peebles
P. M. O'Driscoll
*L. M. Razavi
T. Sherwood

Medicine

M. K. V. Adalja
P. J. Brewer
K. J. Connolly
R. A. F. Cox
Patricia H. Curry
Ann D. Fairclough
I. T. Field
R. A. Forster
*K. E. F. Hobbs
J. Leyshon
J. R. Mansfield
J. F. O. A. I. Mustaffah
N. N. V. O'Sullivan
*L. M. Razavi

Surgery

*J. S. Brewer
*J. P. B. Budgen
*R. G. Bury
*Margaret E. Cash
*M. J. S. Coe
*G. P. Coleman
*A. S. Cooper
*C. S. D. Crane
*H. R. Davies
*E. R. Dixon
J. D. Eustace
*M. D. Farrar
*D. J. Fishlock
*J. B. Gritton
*J. H. Hackwood
*D. R. Harvey
*K. E. F. Hobbs
*A. S. Horner
*K. E. E. Hubble
*R. K. R. Innes
*C. W. Jamieson
*C. C. Korvin
*A. P. Lees
*J. D. Lloyd-Still
*S. Mc Hardy-Young
*J. F. Murray
*J. R. Norman
*S. M. Patient
*D. Pickering
*A. R. C. Ralph
*L. M. Razavi
*R. J. Rew
*D. A. Reynolds
J. B. Sales
*G. M. Slade
*J. K. Smallshaw
*P. M. J. Tombleson
*P. L. H. Vernon
*R. W. Wille
*D. E. Williams
*M. S. Wirk
Ann J. Wiseman
*J. D. Wonham

*Have completed the examination.

CHARTERED SOCIETY OF PHYSIOTHERAPY

Pass List November 1959

Finals

S. Barr
L. A. Dredge
M. M. Gladwyn
J. Guttridge
E. M. Johnson
J. M. Moyle
M. A. Phillips
E. M. Sayers
I. C. G. Simpson
P. D. Smith
J. K. Spurgeon
B. M. Tarrant
F. H. M. Young

Intermediate

R. A. Cash
S. Chadwick
E. E. Davidson
C. M. Dingle
J. Grover
Mrs. G. A. Hayman
E. H. Lander
D. Meldrum
*G. J. Morgan
G. A. Pears
A. L. M. Poole
H. J. H. K. Ross
B. M. Scorrer
D. Simpson
G. B. Smith
*J. Sykes
P. Tofts
S. M. Widdowson
R. E. Wright

*Credit

Preliminary

M. Allen
A. Barham
H. Boff
C. Goring
R. A. Harding
B. M. I. Higgins
V. M. Jaques
D. M. Jeffrey
P. Knowles
C. T. More O'Ferrall
J. N. Sanders
J. M. Salomon
P. A. Symonds
B. M. Szilasi
F. C. Taylor
B. M. Wadsworth
A. L. Whiteman

Teachers

FINAL —A. A. King (Mr.)

PART I —M. G. H. Evans

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Barrett, P. K. M., Rees, J. R. and another. Case of Conn's Syndrome. *Brit. med. J.*, 1959, ii, 1047.

Bishop, P. M. F., Van Meurs, D. P. Willcox, D. R. C. and Arnold, D. Interstitial-Cell Tumour of the Testis in a Child. *Brit. med. J.*, 1960, i, 238.

Blacker, C. P. Population, Religion and the Population. *Eugen. Rev.*, 1960, **51**, 217.

Cohen, Lawrence. Recurrent Giant Cell Epulides in Childhood with Multiple Unerupted Permanent Teeth Undergoing Resorption in Adulthood. *Brit. dent J.*, 1960, **108**, 69.

Evans, Philip. Baby Farming in England. *Med. J. South-West*, 1959, **74**, 83.

Falconer, Murray A. and Cavanagh, John B. Clinico-pathological Considerations of Temporal Lobe Epilepsy Due to Small Focal Lesions. *Brain*, 1959, **82**, 483.

Fry, John and others. Exacerbations of Chronic Bronchitis—Treatment with Oxytetracycline. *Lancet*, 1960, i, 137.

Grant, R. T. and Armin, J. Adrenaline Release during Insulin Hypoglycaemia in the Rabbit. *J. Physiol.*, 1959, **149**, 228.

Hohn, E. O. Prolactin in the Cowbird's Pituitary in Relation to Avian Brood Parasitism. *Nature*, 1959, **184**, 2030.

Horton, R. E. and others. The Use of an Animal Lung as Oxygenator in a Heart-Lung Machine. *Med. J. South-West*, 1959, **74**, 90.

Macdonald, I. Visual Acuity of South African Undergraduates. *S. Afr. J. med. Sci.*, 1959, **24**, 1.

MacLean, K. S. Antibiotics: Their Administration and Uses. *Nursing Mirror*. 1960, **109**, 1130.

Marin, G. A. A Reamer and Burr for Arthrodesis of the Metatarsophalangeal Joint. *Lancet*, 1960, i, 151.

Pearson, R. S. Bruce and another. Death in Asthmatics. *Thorax*, 1959, **14**, 341.

Pond, D. A. Epilepsy in Children. *J. med. Wom. Fed.*, 1960, **42**, 23.

Rees, J. R. and another. Diabetes Insipidus Complicating Total Adrenalectomy. *J. clin. Path.*, 1959, **12**, 530.

Robson, J. M. and another. The Pharmacology of Antibiotics. *Brit. med. Bull.*, 1960, **16**, 35.

Rowe, N. L. The Aetiology, Clinical Features, and Treatment of Mandibular Deformity. *Brit. dent. J.*, 1960, **108**, 45.

Rushton, M. A. Dentistry and the Universities. *Brit. dent. J.*, 1960, **108**, 64.

Shephard, R. J. and another. On the Probability of Correct Diagnosis by Pulmonary Function Tests. *Thorax*, 1959, **14**, 300.

Shephard, R. J. Pressure-Volume Relationships in the Chest before and after Death. *J. Physiol.*, 1959, **149**, 178.

Soothill, John F., Kark, R. M. and others. Diabetic Nephropathy. A Clinical and Pathologic Study based on Renal Biopsies. *Medicine, Baltimore*, 1959, **38**, 321.

Warren, M. D. Rehabilitation and Resettlement—The Royal Free Hospital. *Rehabilitation*, 1959, No. 31. P. 13.

Warren, M. D. Rehabilitation and Resettlement. *Occupational Therapy*, 1959, **22**, 22.

Whitling, Ivor E. Practical Preventive Dentistry. *Brit. dent. J.*, 1960, **108**, 5.

Wright, E. A. and another. Isolation of the Neurotoxic Component of the Venom of the Sea Snake, Enhydrina schistosa. *Nature*, 1960, **185** 103.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

DRESSMAKING. Light-Weight Suits, Dresses, Skirts, Etc. Phone TERminus 7932.

Required

SURREY. A Dental Assistantship will be vacant shortly in a pleasant town within easy reach of London. Good class practice, mainly conservative, with own laboratory and surgery staff. Modern equipment. Remuneration by agreement. Accommodation arranged if required. Box No. 209.

OXFORD. Young Guy's Dental Practitioner requires Assistant with a view immediately. National Service and H.S. experience an advantage but not essential. New surgery, all modern equipment, unfurnished flat over practice. Remuneration on percentage basis. Box No. 212.

CLERK, to address Envelopes to 3,000 Medical Practitioners in office near London Bridge. Write Box No. 500.

DENTAL STUDENT marrying April, requires inexpensive flat, easy access Guy's and Camberwell. Box No. 214.

For Sale

RONSON ELECTRIC RAZOR with Supertrim. As new. Half Price. Box No. 213.

USED STAMPS (Colonial and Foreign). Apply Secretary, Guild of Ex-Patients, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

C. E. A. Holden, M.R.C.S., Officers' Mess, R.A.F. Hospital, Bahrein, B.F.P.O. 63.

W. V. James, F.R.C.S., Combined Hospital, P.O. Box 166, Ndola, Nr. Rhodesia.

M. M. Levene, M.R.C.S., L.D.S., 689, New South Head Road, Rose Bay, N.S.W., Australia.

C. G. McG. Williams, B.D.S., Oakfield Cottage, Newlands, Balcombe, Sussex.

BIRTHS

BARNES.—On 12th January, 1960, at 55, Henver Road, Newquay, Cornwall, to Joan and Geoffrey Barnes, M.B., B.S., a daughter (Sally), a sister for Nicholas.

CRANFIELD.—On 11th January, 1960, to Gillian (née Charles), and John C. Cranfield, L.D.S., a daughter (Penelope Jane), a sister for Amanda and Richard.

DAVIES.—On 19th January, 1960, at the Norfolk and Norwich Hospital, Norwich, to Hazel (née Bryne), M.B., B.S., and Bryan. Davies, L.D.S., a daughter (Linda Clare), a sister for Karen.

DEUCHAR.—On 21st January, 1960, in Nuffield House, to Daphne and Dennis Deuchar, M.R.C.P., a second son (Neil John).

PALMER.—On 30th November, 1959, to Lorna Jean (née Crawford), S.R.N., wife of Charles B. Palmer, L.D.S., a daughter (Marka Janet), a sister for Penelope.

RICH.—On 26th December, 1959, to Judith (née Pudney), and Brien C. Rich, L.D.S., a daughter (Deborah Ann Juliet).

MARRIAGES

LYSTER—SHEPHERD.—On 28th January, 1960, at Bucklebury, Reading, Richard Lumley John Lyster, Ph.D., to Jennifer May Shepherd, S.R.N.

SNEARY—ROBSON.—On 21st November, 1959, at St. James' Church, Beckenham, Kent, Michael A. B. Sneary, to Patricia M. Robson, S.R.N.

DEATH

TUCKER.—On 11th September, 1959, Percival Albert Tucker, L.D.S.R.C.S., of Hereford House, Bournemouth.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1867 13*th February* 1960 *One Shilling*

PASSIM

WE are glad that able and authoritative correspondents have replied to the writer in our last issue, whose hyperboles were wrested from their context by Fleet Street last week. "Danger-point" makes a good headline, but Sister Tanner and our other correspondents make it plain that the situation is far from being so desperate. Staffing the wards with *trained* staff is a real problem, which is constantly exercising the authorities, but this is no new difficulty.

As Take-in H.P. and A.H.P. respectively, the editors produced the *Gazette* five days late, a month ago. In the same circumstances, which apply for the last time this week, we prefer to present the *Gazette* on time, with a token *Passim*; we ask the indulgence of our readers for this unavoidable consequence of an unusual, though agreeable coincidence.

GUY'S DIARY

FEBRUARY			(Until February 20th). Exhibition. *Pictures in the Possession of the Governors and Staff of Guy's Hospital.* Gordon Museum. Exhibition. *The Testicle.* Department of Surgery.
15th	M	5.30 p.m.	Endocrine Demonstration. Physiology Theatre. *Virilism*
			Dr. Moynahan will give four Clinical Lectures on *History of Medicine—Part I*, as follows :—
15th	M	1.00	The Antiquity of Disease.
16th	T	1.00	Prehistoric and Primitive Medicine.
17th	W	1.00	Medicine in Antiquity I—Egypt and Early Greece.
18th	Th	1.00	Medicine in in Antiquity II—The Triumph of Reason in Greece.
19th	F	1.00	Mr. Emslie. Dental Clinical Lecture. *Oral Hygiene.*
		1.00	Dr. Douthwaite. Clinical Lecture. *Influenza.*
22nd	M	1.00	Dr. Forman. Clinical Lecture. *Cutaneous Manifestations of Visceral Malignancies.*
		5.30 p.m.	Endocrine Demonstration. Physiology Theatre. *Diabetes Mellitus.*
23rd	T		
—26th	F	8.00	Residents' Play. *Blue Genes.* Physiology Theatre.
25th	Th	1.00	Mr. Willmore. Clinical Lecture. *Disorders of Speech and Language.* Illustrated by Recordings.
27th	S	10.00	Clinico-Pathological Meeting. Clinical Lecture.
29th	M	1.00	Mr. Ross. Clinical Lecture.

PUPILS' PHYSICAL SOCIETY

There will be a Clinical Meeting of the Pupils' Physical Society on Thursday, 18th February, at 5.30 p.m. Any students who are clerking patients of particular interest, and who would like to demonstrate them, with Consultant permission, to the Society, should get in touch with Anthony Hopkins or Tim Clark.

REITER'S SYNDROME

By A. S. GRIMBLE, M.D., M.R.C.P.

A Clinical Lecture given at Guy's Hospital Medical School on 24th October, 1959

LADIES AND GENTLEMEN,—I have chosen to talk to you on this subject today because there has been renewed interest in this disorder and because much of the useful work on it has been done within the past few years. Moreover, it is of added interest since it is one of the chronic rheumatic disorders of which the precipitating cause is known and accessible to study.

Reiter's syndrome, or venereal arthritis, is characterised by the appearance of urethritis, conjunctivitis and arthritis. There is not infrequently a balanitis and keratodermia, and occasionally visceral manifestations occur.

The disorder was known and described many years before Reiter wrote his paper in 1916 (Harkness 1950, Ford 1953). Also it was several years before the dysenteric syndrome was separated in men's minds from what we now term Reiter's. Only recently diarrhoea was still being described as a component of this syndrome (Vallee 1946). Difficulties were increased owing to the large outbreak of dysenteric arthritis in Finland and the confusion of nomenclature arising from Paronen's very thorough analysis of this epidemic in 1948.

Reiter's syndrome is often incomplete and increasingly the eponym is being used to cover all *arthritic* complications of non-specific urethritis.

Aetiology

The cause of the disease is unknown.

It is noteworthy that this disease occurs almost entirely in men although several descriptions of Reiter's syndrome occurring in women exist in the literature (Touraine 1946, Csonka 1958). A family history in these patients points to a predisposing factor in their heredity (Trier 1950). It has been found that 12.9 per cent. in one group gave a history of rheumatoid arthritis in their relatives as compared with 2.2 per cent. in a control group (Boyd, Oates and Csonka 1958). Morton (1959) described Reiter's syndrome in first cousins with a history of arthritic disorder in four out of a possible fifteen relatives in two generations.

Since the disorder is always accompanied by lower genito-urinary inflammation, either clinically obvious or too slight to be at once detected, the search for infective factors has been unremittent. To date the possible infective factors are considered by many to include the virus (C. oculo-genitale) of inclusion urethritis, the pleuropneumomia-like organism (Mycoplasma hominis), and sundry bacteria, trichomonas vaginalis, and, less seriously, yeasts and fungi.

The only organism which has been studied at all carefully in its relation to Reiter's syndrome is the pleuropneumonia (Harkness 1949). We have been able to demonstrate the PPLO less frequently from the urethral discharges of cases (when seen early) than from non-specific urethritis, although we have demonstrated serum antibodies against the PPLO more often in patients with Reiter's syndrome than in those with non-specific urethritis. The position of these organisms is still obscure. The evidence suggests that their role is not a major one, or in any case not a direct one. But on the other hand we do not know anything about the immunological relationship between the urethritis and the subsequent widespread tissue changes.

We have, too, noted the presence of virus inclusions in the urethral epithelium of about one in every six cases of non-specific urethritis (colour slides of inclusions were prepared in Professor Warwick's department). At present there

is no work relating these to Reiter's syndrome, but there should be fresh interest after their successful growth this year by Jones, Collier and Smith. The aetiology of Reiter's syndrome was considered in detail by Harkness (1950) and Daguet (1952).

Urethritis due to N. gonorrhœae may be associated with a syndrome identical with Reiter's syndrome, which led Harkness (1949) to state from his experience that the gonorrhœa bore no relation to the disorder, which was due to other exciting causes probably of an infective nature, present along with the gonorrhœa. This may be too sweeping a statement I think, since we are not in a position to postulate a causal mechanism for most of the chronic rheumatic diseases. It may turn out that in Reiter's syndrome the actual infecting organism causing the urethritis is of less than paramount importance. In the large series of cases analysed under the auspices of the Medical Research Council (Csonka 1959) there was non-specific urethritis present alone in 78, gonorrhœa with non-specific urethritis in 74, and gonorrhœa alone in 33 cases ; also hæmorrhagic cystitis in another 8 and chronic prostatitis in 14. Harkness' view is widely accepted (Ford 1953).

In discussing the precipitating factors due attention should be paid to prostato-vesiculitis. Prostatic infection increases in incidence with age and is often relatively well tolerated as a mild condition in the older age groups. Patients with Reiter's, however, are mainly between 20 and 35 years of age when the presence of prostatitis is of added significance. Several authors have reported a high incidence in this disorder, from 55 per cent. (Csonka 1959) to 95 per cent. in the critical study by Mason, Murray, Oates and Young (1958). Moreover, since the work of Romanus (1953) the occurrence of prostatitis in cases of arthritis, spondylitis and uveitis has been studied with some significant results (Mason and other 1958, Csonka 1959, Catterall 1958).

The social and sexual background to Reiter's syndrome seems to have little bearing on its occurrence, except inasmuch as it results in urethritis.

Incidence

Including all cases of arthritis occurring as a complication of urethritis the incidence is about 3 per cent. Here at Guy's it was just below this figure in 1958, and in Hertfordshire it was exactly 3 per cent. Morton (1958) considered the incidence to be from 3 to 4 per cent. In the M.R.C. series already mentioned it was as low as 0.8 per cent. (Csonka 1958).

We should recall, I think, that the number of new cases of non-specific urethritis in England and Wales for 1958 was about 17,000, and is rising steadily. The number of cases of Reiter's syndrome occurring every year is, therefore, not small.

Clinical Features

The sequence of clinical events is usually urethritis, conjunctivitis and arthritis. The urethritis is commonly non-bacterial and sub-acute (it may be acute), and follows within the limits of the incubation period of non-specific urethritis (one to four weeks as a rule) after sexual intercourse. The disorder has been reported where there has been no history of sexual exposure. This is extremely rare in the first attack if it exists. No age group from puberty upwards is exempt.

The Eyes

A conjunctivitis, unilateral at first involves both eyes. It appears within one to three weeks of the urethral discharge and is sometimes accompanied by anterior uveitis. Although the conjunctivitis can be quite severe it is often mild enough to be overlooked by the physician. Although this is a necessary component of the full syndrome, 'incomplete Reiter's syndrome' is frequently diagnosed today in the absence of conjunctivitis.

Conversely the conjunctivitis and uveitis may draw attention to a wider disorder of tissue in a patient, as was exemplified by the work of Catterall (1958) who examined cases of uveitis at the Institute of Ophthalmology.

He found that of patients attending with uveitis, 23 per cent. of them had Reiter's syndrome, 12 per cent. ankylosing spondylitis, and a further 6 per cent. either plantar fasciitis or sacro-iliitis. Of the patients with anterior uveitis, 88 per cent. had prostatitis compared with 16 per cent. of those who had posterior uveitis.

The conjunctivitis is usually a simple catarrhal inflammation, although sometimes a keratoconjunctivitis may occur, and occasionally corneal ulceration. Deep keratitis is rare (Cass 1949). Iritis and iridocyclitis, however, are relatively common.

But complications such as cataract and glaucoma, although recorded, are almost unknown. Optic neuritis likewise is rare (Zewi 1947) and retinitis (Mattsson 1955). Mattsson's case was a man who had been followed seven years with attacks of conjunctivitis, iridocyclitis, interstitial keratitis and central retinitis ; these responded to ACTH.

The joints in the acute attack

Arthritis is the most constant feature and usually the most severe of this disorder. It is questionable whether one should diagnose Reiter's syndrome in the absence of evidence of joint involvement. Harkness (1950) noted that it was absent in 11 per. cent. of his cases. Non-specific urethritis is not too infrequently accompanied by conjunctivitis alone and some of these cases complain of joint pains without evidence of actual arthritis. It seems unwise to attach the name of this disease to all these cases.

The signs are of a polyarthritis, less commonly of a monarticular arthritis with arthralgia elsewhere. A few cases run their course with involvement of only one joint. The commonest joints to be attacked are the knees and ankles, followed by the small joints of the feet, hands, ankles and wrists. There is rarely any radiographic evidence of disorder in the early stages other than increase in joint space. The joints never suppurate.

Sacro-iliitis occurs in about one in ten cases of Reiter's syndrome, although Csonka (1959)[2] found it in 20 per cent. in one series. He stated that the lesion was not severe nor the cause of persistent symptoms. Ford (1953) observed that patients in whom the spine is affected do not as a rule conform to the pattern of classical ankylosing spondylitis, although he and others have described typical ankylosing spondylitis in patients with Reiter's syndrome. It does appear, however, that when sacro-iliitis is present the patient's disease runs a more severe course. The relation between these two conditions, Reiter's syndrome and ankylosing spondylitis, has been reviewed (Oates 1959). There is in most cases a clear difference in the mode of onset and a lack in the latter of the skin and mucosal lesions.

In the first attack of Reiter's syndrome the non-specific urethritis usually lasts for a few weeks, the mild conjunctivitis lasts a week or more, and the arthritis subsides in from six to twelve weeks. The relatively common mild attack conforms to this type, and other features of the disorder are few.

The soft tissues

Tenderness may be detected at several points, due to involvement of the bone and periosteum, to the periarticular structures, and to various soft tissue structures such as plantar fascia, tendons and tendon sheaths, and bursæ. The common site of tenderness is beneath the os calcis due to inflammation and later spur formation. It may be present over points of bone due to 'erosions' in the bone, or to periostitis, especially over the os calcis, about the ankle and wrist and over the spine. Areas of tenderness also occur in the periarticular structures of a joint with or without evidence of effusion in that joint.

The frequency with which soft tissue inflammation occurs is inadequately recorded. Plantar fasciitis is common, more so I think than the 20 per cent. recorded by Csonka (1958). Achilles tendinitis and tendon-sheath involvement, especially on the dorsum of the wrist, are less frequent, and it has been rightly observed that tenosynovitis is often confused with areas of periarticular inflammation (Ford 1953).

The skin and mucous membranes

Skin and mucous membrane lesions tend to become more profuse in the more severe attacks of Reiter's syndrome. Circinate balanitis, so-called, which in part is probably a manifestation of keratodermia of the glans and prepuce, is common. It consists of a superficial, scaly lesion which becomes a red, weepy erosion usually formed of several lesions and almost always involving the urinary meatus.

Keratodermia in its typical manifestation occurs on the skin, less commonly on the buccal mucosa. It is seen in about one in ten cases. Hancock, in a recent study of the condition, found it in 8 per cent. (1959).

The lesion of keratodermia blenorrhagica starts as a small vesicle, which becomes pustular and subsequently undergoes changes depending upon its site. The commonest position to find keratodermia is on the feet, especially the soles. On palms or soles the lesions are hard and keratotic. Their size varies,

and many of the vesicles and pustules coalesce. Thickening of the roof and sides of the pustule results in the typical parakeratotic nodule. Spontaneous rupture of the pustule does not occur, and there are no signs of surrounding inflammation. The nodules take on a yellowish brown colour. Fresh lesions may appear in crops during the course of the disease, and as a rule signify a continuing general activity of the condition. Keratodermia may occur almost anywhere on the body, but is usually limited to the extremities, the trunk and genitalia and the mouth.

Where the parakeratotic scales become heaped, as for instance on the penis or in the areas of seborrhœa on the chest and back, the lesions have a limpet-like or rupial appearance.

Keratodermia of the nails is a not infrequent manifestation. Early signs are round the distal edge of the nail bed, with small white areas appearing in the nail itself. Later, severely affected, the nail may be lifted off by the heaped-up parakeratotic material.

Lesions in the mouth may present as vesicles, erosions, whitish areas on the palate or gum, or as red areas denuded of papillæ on the tongue.

Where the keratodermic lesions are few they usually last for two or three weeks only; but where there is a more general eruption they may persist many months.

A rare complication of keratodermia blenorrhagica is generalized exfoliative dermatitis.

It used to be said that subcutaneous nodules of rheumatic type did not occur in Reiter's syndrome. Although their presence has been described in a probable case of this disorder the above view still holds.

Disorders of Viscera

Disorders in other systems of the body in Reiter's syndrome occurs on occasion: some of these lesions are distinctly rare.

Dry pleurisy is said to be relatively common, but I do not think that this is generally true (Buchan 1955). It is not our experience. One would expect it perhaps to occur a little more often than pericarditis, of which one may see one in about every hundred cases. Paronen (1948), however, recorded many more in his group of mixed post-dysenteric and urethritic-arthritic syndromes.

The cardiac involvement rarely draws attention to itself, such as by pain or friction rub. In a recent study (Csonka and Oates 1957), four out of twenty-five cases were found to have abnormal electrocardiographic tracings. This high figure again does not correspond with our experience at Guy's. The electrocardiographic changes which have been most commonly reported in the literature suggest either pericardial or myocardial disorder: the former is the commoner.

Trier (1950) reviewed the literature up to that time and noted that the commonest evidence of myocardial involvement was in prolonged conduction time. Endocarditis has been recorded.

Patients with Reiter's syndrome are not infrequently hard to manage and suffer temperament upsets during the acuter stages of their disease. Neurological changes for some time have been recorded as occurring in the post-dysenteric syndrome. Recently four cases have been reported in Reiter's syndrome in this country (Oates and Hancock 1959): pointing respectively to involvement of cranial nerves and intracranial central nervous pathways, brachial neuritis, meningoencephalitis, and, in the fourth case, sensory root disorder in the lower dorsal region.

The literature contains references to abnormalities of the lymph glands, salivary glands, splenomegaly, hepatomegaly and thrombophlebitis, but there is not definite evidence that these changes constitute a part of the disease.

General condition and investigations

The condition of the patient during the average attack remains good. In a mild attack there is a sense of malaise, loss of appetite and pain in the affected joints. Little else may be noted by the patient, and he, therefore, may be impatient of immobilization. Pyrexia in this case is slight and intermittent. The erythrocyte sedimentation rate usually is raised and is a remarkably poor guide to the duration and outcome of the mild attack. In severe attacks, however, the E.S.R. may register over 100 mms in the first hour and reflects more closely the degree of activity of the disease as seen clinically.

In severe or recurrent attacks the patient becomes quite ill, and great loss of weight may take place in a short time. There is tachycardia and a high, remittent temperature: the attack may last six to twelve months, and it may be longer before recovery has taken place.

Other special investigations are not of any positive assistance in the diagnosis or prognosis. Serum protein electrophoresis almost always shows a small increase in the alpha-globulin fraction during the active stages of the disease. The differential agglutination test is negative. A slight polymorph leucocytosis may be expected, and many of these cases have a hypochromic anæmia.

It must be remembered that prostatitis is present in about nine cases in ten, when the expected rate for prostatitis in this group in the population is no more than a third of this figure. This condition must be actively sought.

The fact too that the patient has a lower genito-urinary disorder should make one aware of the possibilities of renal tract inflammation cystitis and pyelonephritis.

Radiological features

The radiological features of Reiter's syndrome have best been summed up by Murray, Oates and Young (1958) in a study of 56 cases. They found that characteristic changes most frequently occur in the bones and joints of the feet and ankles, hands and wrists, and also the sacro-iliac joints. In six cases out of fifty-three there were typical changes of ankylosing spondylitis. They classified the changes as follows : (1) simple fusiform thickening of the periarticular tissues, (2) osteoporosis, which is usually slight at most, (3) destructive lesions, known as "erosions", at the articular surfaces most often on the hands and feet, and non-articular areas of bone such as the os calcis with the formation of cyst-like areas, (4) destruction of the articular cartilage; later disorganization occurring as noted most commonly in the metatarsophalangeal and interphalangeal joints of the feet, (5) periosteal new bone, linear, trabeculated or wholly appearances, or spur, (6) deformities of the feet of claw type, (7) sacro-iliac joint changes. The more impressive changes were confined to patients who had had several attacks.

Histological changes

We will not spend time in describing these changes. The synovitis is of the same proliferative type seen in rheumatoid arthritis (Harkness 1950), and those seen in the skin resemble psoriasis (Cameron 1956).

Course and prognosis

The course of Reiter's syndrome is difficult to predict for the individual case. Probably well over half the patients have a second or further attack. These attacks may occur at any interval. One is impressed that the older patients are more open to this than the younger ones. Every subsequent attack tends to leave the patient with a less complete recovery. It has been suggested that the subsequent attacks are not always preceded by genito-urinary infection. This may be the case but is not our experience. Genito-urinary infection has always been found when searched for.

Ford (1953) divided the types of chronic or recurrent disease into those with: (1) multiple attacks without residual joint damage, (2) deformities of the feet, (3) ankylosing spondylitis. To these one must add cases with peripheral joint ankylosis, and (5) recurrent uveitis. Of these five categories the first is the largest, foot deformity and uveitis each constitute less than a quarter of the whole, and sacro-iliitis occurs somewhat less commonly than they do. Actual ankylosing spondylitis is rare in Reiter's syndrome. Although peripheral joint ankylosis may occur a typical rheumatoid arthritis can probably always be distinguished clinically from Reiter's syndrome, despite views to the contrary (Hench 1948). Ford did not believe that the two conditions ever came completely to resemble one another. Certainly we have not seen a case.

Differential diagnosis

This need not detain us today, but it includes a number of conditions : causes of polyarthritis and infective arthritis, sacro-iliitis and spondylitis, erythema multiforme and the syndromes of Stevens-Jonson and Behçet. The keratodermia

has to be distinguished from psoriasis and various other disorders of the skin, mouth, prepuce and glans penis.

Treatment

A few words about methods of treatment and their possible efficacy is all we have time for.

Firstly, the patients should be immobilized during the active stages of the disease. In a mild attack it is better to allow the patient up for essential duties, and even to have him seated out of bed for short periods from the start. Regular exercises under supervision and physiotherapy to affected limbs are of the utmost benefit. In a severe attack, bags will have to be placed round acutely inflamed joints to keep them in the best position, and passive movements undertaken once or twice daily. During periods of pyrexia and acute illness the diet and fluids will have to be altered appropriately. Loss of weight in such an attack may be a problem. These patients tend also to become depressed and require attention. Occupational therapy, therefore, has a useful place in the later stages of the attack.

Antibiotic therapy is required for the lower genito-urinary infection, and further measures for prostatitis. Apart from antibiotics, of which the tetracycline group are the most useful and are used in the usual dosage, these patients require aspirin, phenacetin or Panadol for relief of pain. The effects of large doses of aspirin or salicylates can be tried. Phenylbutazone should be used with discretion.

General measures are more effective than any particular one in this disorder. The steroid hormones are of temporary value but have much less permanent value. They may, however, produce an improvement in a patient whose condition has become stationary, an improvement which thereafter continues. But there is no real evidence that these drugs alter the overall course of the disease. Also, to obtain optimum effect, larger doses usually have to be used than is the case with rheumatoid arthritis. Hydrocortisone certainly should be tried in a severe attack, preferably when there is amelioration of the lower genito-urinary infection.

Local injections of hydrocortisone have a larger place in the treatment of chronic Reiter's syndrome, and are useful, for instance, in chronic joint effusion and in plantar fasciitis.

There are a large number of ways of treating a disorder such as this and most of them have had their advocates. Harkness (1949) was right to stress the importance of the primary focus of genital infection, and too little attention is sometimes paid to it. Recent opinion concerning the effectiveness of the different measures of alleviating the arthritis and other features of this disorder has become increasingly sceptical. In a particular study (Fowler and Knight, 1956) of seventy-five patients, directed to trying to answer this question, it was decided that no drug had any marked effect on the course of the disease.

Summary

To sum up then, we may say that Reiter's syndrome is a chronic rheumatic disorder precipitated by urethritis. The disease is more

often than not mild and the individual attack is self limiting as a rule. The patient is quite likely to have more than one attack. There are at present no specific methods of treatment and even the urethritis does not respond decisively to antibiotics.

Bibliography

BOYD, J. T., OATES, J. K., CSONKA, G. W., *Brit. J. vener. dis.* (1958), **34**, 40.
BUCHAN, M. A. *Proc. Roy. Soc. Med.* (1955), **48**, 432.
CASS, E. E. *Brit. J. Ophth.* (1949), **33**, 454.
CATTERALL, R. D. *Trans. Ophth. Soc.* (1958), **98**, 523.
CSONKA, G. W. *Brit. med. J.* (1958), **1**, 1088.
CSONKA, G. W. *Brit. J. vener. dis.* (1959), **35**, 84.
CSONKA, G. W. *Brit. J. vener. dis.* (1959) **35**, 77[2].
CSONKA, G. W., OATES, J. K. *Brit. med. J.* (1957), **1**, 865.
DAGUET, G. *Ann. Derm. Syph.* (Paris), (1952), **79**, 149.
FORD, D. K. *Ann. rheum. dis.* (1953), **12**, 177.
FOWLER, W., KNIGHT, G. H. *Brit. J. vener. dis.* (1956), **32**, 2.
HANCOCK, J. A. H. (Unpublished). (1959).
HARKNESS, A. H. *Non-gonococcal urethritis*, Livingstone, 1950.
HARKNESS, A. H. *Brit. J. vener. dis.* (1949), **25**, 185.
HENCH, P. S. *Ann. intern. med.* (1948), **28**, 77.
JONES, B. R., COLLIER, L. H., SMITH, C. H. *Lancet* (1959), **1**, 902.
MASON, R. M., MURRAY, R. S., OATES, J. K., YOUNG, A. C. *Brit. med. J.* (1958) **1**, 748.
Mattsson, R. *Acta. Ophth. (Kb.)* (1955), **33**, 403.
MORTON, R. S. *Brit. J. vener. dis.* (1958), **34**, 50.
MURRAY, R. S., OATES, J. K., YOUNG, A. C. *J. fac. radiol.* (1958), **9**, 37.
OATES, J. K. *Brit. J. vener. dis.* (1959), **35**, 81.
OATES, J. K., HANCOCK, J. A. H. *Amer. J. med. sc.* (1959), **238**, 115.
PARONEN, I. *Acta med. Scand.* (1948), suppl., 212.
ROMANUS, R. *Acta. med. Scand.* (1953), suppl., 280.
TOURAINE, A., RUEL, A. *Ann. derm. syph.* (Paris), (1946), **6**, 61.
TRIER, M. *Acta. med. Scand.* (1950), suppl., 239.
VALLEE, B. L. *Arch. inter. med.* (1946), **77**, 295.
ZEWI, M. *Acta. Ophth.* (1947), **25**, 47.

CORRESPONDENCE

Letters to the Editor of the Gazette

Retirement of Miss Ivy Delamare

From Mr. W. D. Doherty and the Superintendent

SIR,—Miss Ivy Delamare retires on 9th March after forty years' service at Guy's, either in the Medical School or the Hospital. During this time she has given loyal and devoted service to a Dean and three Superintendents.

As personal Secretary to the Superintendent for the last twenty-two years she has been of such great assistance to so many members of the Hospital, both senior and junior, that we believe many will wish to join in making a presentation to her to mark their appreciation.

Cheques should be made payable to Mr. J. B. Blaikley, for ease of payment into a special account; they should be addressed to Miss Mower White, the Superintendent's Office, Guy's Hospital.

Yours etc.,

W. D. DOHERTY,
J. B. BLAIKLEY,

Superintendent's Office,
Guy's Hospital, S.E.1.

Nursing "Shortage" ?

SIR,—Whilst appreciating the clarity with which Sister Griffiths expounds on the increased difficulties of maintaining a first class nursing service with the 44-hour week, I am disappointed that she should chose to dramatize the situation.

As Miss Griffiths is well aware, the *Gazette* is read by a far wider circle than her immediate colleagues. Such journalistic phrases as "The Midsummer madness of the 44-hour week . . ." . . . this sea of administrative muddle . . ." "The care of sick patients has been reduced to dangerous limits . . ." are not phrases which lead to reasoned discussion, but words quickly seized upon by those looking for sensation, and indifferent to the reputation of Guy's Hospital. I am amazed that Sister Griffiths, after 32 years of nursing, should think that a Guy's nurse would go off duty if this were to endanger the life of her patient.

Recruitment at Guy's is excellent, and we would all like to see permission given for an increase of trained staff. The Board of Governors are fully alive to the difficulties, but bearing in mind the requirements of the whole Hospital and money available, are not able to grant this increase at the present time. Further, the Ministry of Health instructed all hospitals to introduce the 44-hour week without any increase in establishment. It might interest your readers to know that we nurse 1,009 beds with a total nursing establishment of 890. This is one of the highest ratios of nurse to patient in the country.

The problems are many and worrying, and must not be minimized. Matron was, however, able to inform the Sisters on 20th January (Sister Griffiths' letter appeared on 30th January) that after weeks of careful planning and negotiation, the School of Nursing had been able to revise completely the Four Year Plan of Training. This programme is available for all Sisters to Study, and we are at present awaiting their comments.

Five years ago the first comprehensive plan of practical work was introduced. It took one year to implement; very quickly disadvantages became apparent, and I for one was all for making alterations. Miss Addison and Sister Marion strongly advised that the plan should stand for four years, and then be reviewed carefully. As the introduction of the 44-hour week will now necessitate a complete change of curriculum, it proves the wisdom of the advice given by Matron and the Principal Tutor.

The suggestion that Student Nurses should work in the wards from 7 a.m. to 9 a.m. before commencing a day's study in the School of Nursing is a retrograde step. To provide the best nursing service for the patient, a full, imaginative and progressive educational programme is essential, with time for the individual student to develop. THE 44-HOUR WEEK HAS COME TO STAY, and it is encouraging to hear that the Student Nurse leads a much fuller life as she is able, with two days "off", to enjoy the social activities available to other people of her age group.

We are fully aware of the disadvantages of frequent ward moves, and unfortunately incompatibility of temperament, home commitments, sickness, staphylococcal infections and the growing demands of certain departments, increase this problem. The new Plan of Training does much to obviate unnecessary moves.

I leave Guy's in a few weeks, and I do so confident that Guy's Nurses, far from floundering "in a sea of administrative muddle" are sailing ahead to explore new ideas with which to enrich the Hospital, and to give an even better nursing service to our patients.

Yours etc.,
ROBIN TANNER.

Matron's Office,
Guy's Hospital, S.E.1.

SIR,—I refer to the letter from M. S. Griffiths of your last issue of the Guy's *Gazette*. While appreciating the value of freedom of the Press, may I suggest that facts, figures and forecasts, provocative as they may be, are the proper subject for a carefully considered and worded memorandum addressed to those responsible for such administration referred to.

Although there may be much that falls short of perfection and is open to improvement in a service which is changing and expanding at an almost phenomenal rate, it would appear that there is a place and time for a criticism of a positive kind.

Many will share with me the difficulty of understanding why your very capable correspondent has not contributed more to those positive measures which alone can solve problems which are not domestic, but universal in their range.

It is obvious that your correspondent speaks with the voice of experience, but it must always be borne in mind that the aim of the Health Service is two-fold; it is to serve the patient, and also to raise the standard and conditions of a profession which we believe exists to serve the community with intelligence and skill.

Yours etc.,

L. R. S. TITLEY,
Matron.

St. Charles Hospital,
London, W.10.

SIR,—May we put forward some thoughts which were provoked by Sister Griffiths' letter to the *Gazette*, (30th January)?

The first principle impressed upon us at Preliminary Training School was "Guy's exists for the patients, not for the nurses." Throughout our training this is frequently repeated, not least in the School of Nursing. We feel that Sister Griffiths' condemning letter is unjust when she states that "it appears that the patients are a long way from the thoughts of those who plan nurse supervision, education and conditions of work." The School of Nursing shoulders great responsibility in the training of nurses and, therefore, contributes to the comfort and care of the patients. Out of 151 weeks of training only 24 are spent in the School and at Preliminary Training School; we feel that our knowledge benefits from these comprehensive and concentrated courses of lectures, classes and demonstrations while away from the responsibilities of the ward, far more than it would were there one study day a week and no Block system.

The delegation of responsibility is an excellent method of practical training, and the student nurse much prefers to know her duties and to be aware that she is trusted to carry them out; however, this method must not be adhered to so strongly that the patients may be endangered. The nurse is encouraged to ask questions of her superiors when in doubt—surely State Registration is not the end of learning?

We regret the insinuation that an unqualified nurse is unskilled, and that the practical work is degrading to a trained nurse, for nursing is essentially a practical profession.

The profession is understaffed and in order to recruit trainee nurses it must be made more attractive. We do appreciate that our predecessors worked much longer hours—and we admire them whole-heartedly—however, this is a case of moving with the times; with the introduction of the Block system and the 44-hour week we feel that Guy's is well ahead. We have had personal experience that our plan of training is one of the many attractions to a girl contemplating a nursing career. A friend applied to Guy's and four other major London teaching hospitals; she was given an interview within the next week by all except Guy's, which replied that there were no more vacancies until 1961.

We appreciate that we are able to lead a fuller life outside working hours, and feel that it broadens our outlook, refreshes our minds and gives us a more mature understanding of our patients and their difficulties.

We support the suggestion that breakfast should be prepared in the main kitchens in order to give the night staff more time to get ahead, and think that, in emergencies, if the nurses from the school helped with bedmaking for an hour before their lectures begin, *i.e.*, from 8 a.m.—9 a.m., it would help to ease the peak period.

This generation of nurses is as anxious as any other to maintain the high standard of nursing set by those who previously learned and worked here.

Yours etc.,

ISABELLA McCREA,
NICOLA M. PANTIN.

Nurses' Home,
Guy's Hospital, S.E.1.

SIR,—In her letter of 30th January, Miss Griffiths states that ; "The School of Nursing should no longer withhold their share of responsibility for the care of the patients . . ."

Surely the School has a great responsibility towards the patient through the nurse in giving her the essential background knowledge which enables her to nurse her patients confidently.

Guy's was the first hospital to institute the Block system of training, which has worked satisfactorily for a number of years. Is Guy's now going to be the first to take a step backwards to the days of combined ward work and study periods ?

As a leading London hospital, Guy's has a high percentage of nurses per patient. Surely if smaller hospitals can cope satisfactorily with the 44-hour week, we too, can do the same and still maintain the traditionally high standard of nursing. The problem here is an administrative one.

Yours etc.,

K. R. WORDSWORTH, *Student Nurse*.

Nurses' Home,
Guy's Hospital, S.E.1.

Prevention of Tetanus

SIR,—The issue of 16th January, 1960, contained the excellent and instructive Minutes of the Meeting held on 29th May, 1959, to discuss Casualty Arrangements for the Prevention of Tetanus.

In the summary on p. 26 there is contained, in section (5), a series of recommendations regarding patients who have received A.T.S. within the last two weeks which advise, *inter alia*, that two doses of 15 and 150 I.U. be given, to be followed, in the absence of any allergic or anaphylactic reactions, by the usual dose of 1500 I.U.

It will be appreciated that this is a repetition of the normal procedure for passive immunization but, on page 24, para 8, Professor Payling Wright pointed out that "in the event of a second wound following a wound which had required A.T.S. a further prophylactic dose of A.T.S. was unlikely to provide effective passive immunity . . . this meant that a patient not previously immunized actively by Toxoid had a period of at least five to seven days when there was no protection. The only possible way of trying to ensure an adequate immune response in persons not actively immunized and with a previous history of A.T.S. injections was to increase the second dose to 3,000 to 10,000 units".

This view, by so eminent an authority as Professor Payling Wright, would seem to be at variance with the final conclusions reached by the Meeting and yet, having regard to the undoubtedly increased speed of elimination from the body of a second dose of A.T.S., it would appear to be the logical course to adopt.

I recently had an adult male patient, not previously actively immunized, under my care who was involved in a second Road Traffic Accident ten weeks after another incident of a similar nature for which he received the usual prophylactic dose of A.T.S. In consideration of this fact, I advised that he should receive two test doses of 15 and 150 I.U. of A.T.S. and a full dose of 3000 I.U. together with 1 ml of Tetanus Toxoid into the other limb.

I would be grateful if Professor Payling Wright would be kind enough to comment upon the course which was adopted and clarify the procedure which should be advocated in such cases as I have some doubt as to the efficacy of a second standard dose of 1500 I.U. in providing cover during the important period of five to seven days before active immunization response takes place.

Yours etc ,

N. L. ROWE.

Brackendale,
Hollybank Road, Woking.

Americana

SIR,—You might be interested in some ideas on Americana which, I understand, are a little different from the current cult. One's social life here is somewhat hectic, but very enjoyable. I want to tell you about the work.

If English doctors want to make a lot of money, let them go into American general practice in a country area. They will make more money than they dream

of in their wildest fantasies at home—and they'll die of a coronary at 50. If they want experience in the latest methods, let them go to a *first class* American hospital for a year or two. But if they want to be sick, then, for God's sake, stay at home ! This is truly the land of extremes in every respect, including illness. The very poor are taken care of by the State, and the very rich can take care of themselves, at least for a while. But to the vast majority of people, illness is a catastrophe. The younger men are taken care of by the Veterans Hospitals, which are usually good. Most people have insurance with Blue Cross-Blue Shield, which pays for semi-private hospitalization for such things as an acute appendix, pneumonia, or barium enemas. The "Prolonged illness" policy also covers T.B. However, it does not cover such unfortunate incidents as Legg Pertle's disease or multiple sclerosis, which is a very common disease here. These unfortunates discover that they are on their own, and they are not eligible for welfare while they or their relatives own a house or have any money in the bank. All benefits stop at 65. If they can't afford hospitalization, investigations or drugs, that's just too bad. I suppose that's how it was in England before my time as a doctor. I did my share of complaining about the N.H.S., both as a house officer and a G.P., and my nature being what it is, I shall no doubt grumble at it again when I get back. But, believe me, there's a tremendous amount to be said for it.

At home I never had to ask whether my patient could afford to have his hernia fixed, or whether we had to wait till it strangulated. One's "freedom of practice" is somewhat limited if the patient cannot afford the necessary medications or investigations. Only hospitalization is paid for by insurance.

As far as hospitals go, the "great" hospitals are fine—first rate medical staff, the latest equipment, and plenty of it. But when you get to the "good" American hospital, the story is a little different. (I don't know much about the "bad" hospitals here.) They are losing money. They depend on private doctors to send them patients. They cannot be too fussy. Some of their staff men are first class, but too many would never be let loose by English examiners. Some of the older ones have the excuse that they only attended medical school for 18 months, and since then they have been too busy to learn anything except the names of the latest antibiotics and steroids. Unfortunately they are not all older men . . . There is also a certain disadvantage to the patient with either money or Blue Cross in payment per item of service, judging by the number of lily-white organs that wake up in a dish.

Lastly, I would like to say a word about the nursing services as I have seen them. I used to think that our traditional boast about Guy's nurses was just a little bit of a line, but have I changed my mind ! Nurses are harder to come by in America than domestic servants in England (in spite of good pay) so they must not be offended at any cost. Even an average English hospital compares favourably where nursing is concerned. I have not met any American-trained nurse who could hold a candle to any Guy's nurse.

I shall stay here another year, largely because the money I am making will take me home via the remote places in the world which I have dreamed about but never hoped to see, and after that it will support me through my first two years in practice. I have seen both sides of the coin. You will find me in general practice in England.

Yours, etc.,

RUTH WIERNIK.

Lakeville State Sanatorium,
Middleboro, Massachusetts, U.S.A.

"Gethsel"

SIR,—May I, through the courtesy of your columns, announce the forthcoming 15th Anniversary production of the Guy's Hospital Theatre Club.

'Gethsel' is a new play by Martin Bax, an old Guy's man, which will have a 'Gala Première' on Thursday, 3rd March, at 8 p.m.

Other performances will be on Friday, 4th and Saturday 5th, at 7.30 p.m., on Monday 7th at 6.30 p.m. and on Tuesday 8th at 7.30 p.m.

Booking begins on Thursday, 18th of February. Applications may be sent to 'The House Manager, Guy's Hospital Theatre Club, London Bridge'. No charge is made for tickets but a collection will be made during the interval.

Yours etc.,

M. O. RAKE,
Hon. Secretary, Guy's Theatre Club.

Guy's Hospital, S.E.1.

GUY'S HOSPITAL DENTAL SCHOOL

ANNUAL CLINICAL MEETING

PROGRAMME—5TH MARCH, 1960

Morning Session (10 a.m.—12 noon)

ANATOMY LECTURE THEATRE, MEDICAL SCHOOL

12 noon. "The Hazards of Radiation in Dentistry" .. .. Mr. B. Cohen

DENTAL LECTURE THEATRE, OLD PATHOLOGY BUILDING

11 a.m. Film: The Surgical Treatment of a Case of Mal-occlusion Mr. D. M. Macdonald

THEATRE No. 3

10 a.m. Mandibular Osteotomy .. .. Mr. D. M. Macdonald and Mr. R. C. Bret Day
Anaesthetist : Dr. D. M. Carnegie

11 a.m. Alveolectomy and Immediate Denture .. .. .. Mr. J. W. Mansie
Anaesthetist : Dr. D. M. Carnegie

DENTAL DEPARTMENT

Ground Floor

X-ray Department

Interesting Radiographs.. .. ..

Department of Preventive Dentistry

Reshaping the Interdental Embrasure .. .. Mr. R. D. Emslie
Partial Dentures and Periodontal Disease .. .. Mr. J. Metcalf
Gingivectomy under Local Anaesthesia .. .. Miss W. J. Bray
Clinical cases treated in the Department .. .. Mr. R. D. Emslie, Miss W. J. Bray, Mr. A. C. Campbell, Mr. J. O. Forrest, *Mr. J. Metcalf*
Bacteriological exhibits .. .. Mr. C. W. T. Shuttleworth

Casualty Department

Visual Aids to Diagnosis .. .. Mr. M. A. Gillon
Trauma to Anterior Teeth .. .. Mr. P. H. N. Davis

First Floor

Department of Dental Prosthetics

Clinical Cases .. .. Professor H. B. Fenn
Some Aids to Obtaining Final Balance of Full Dentures .. .. Miss J. Elliott and *Mr. B. Johns*
Relief and Post Dam .. .. Mr. P. Morris
Exhibit of Students' work

Special Anatomy

Demonstration of the teaching of Special Anatomy .. .. Mr. R. O. Holland and Mr. J. W. Osborn

Dental Photographic Department

Apparatus available for Dental Photography .. .. .. Mr. A. D. Robinson and Mr. B. A. Jones, Photographer

Department of Dental Medicine

Pathological and Research Material .. .. Professor M. A. Rushton and Mr. B. E. D. Cooke
Sensation in Teeth .. .. Mr. M. N. Naylor

Second Floor

Clinical Room I

Insertion of a full lower sub-periosteal Implant under Local Anaesthesia .. .. Mr. A. J. Bridge and Mr. D. J. Neill

Cubicle No. I

Operation on a Cyst under Local Anaesthesia .. .. .. Mr. C. I. Hagger

Professor's Room

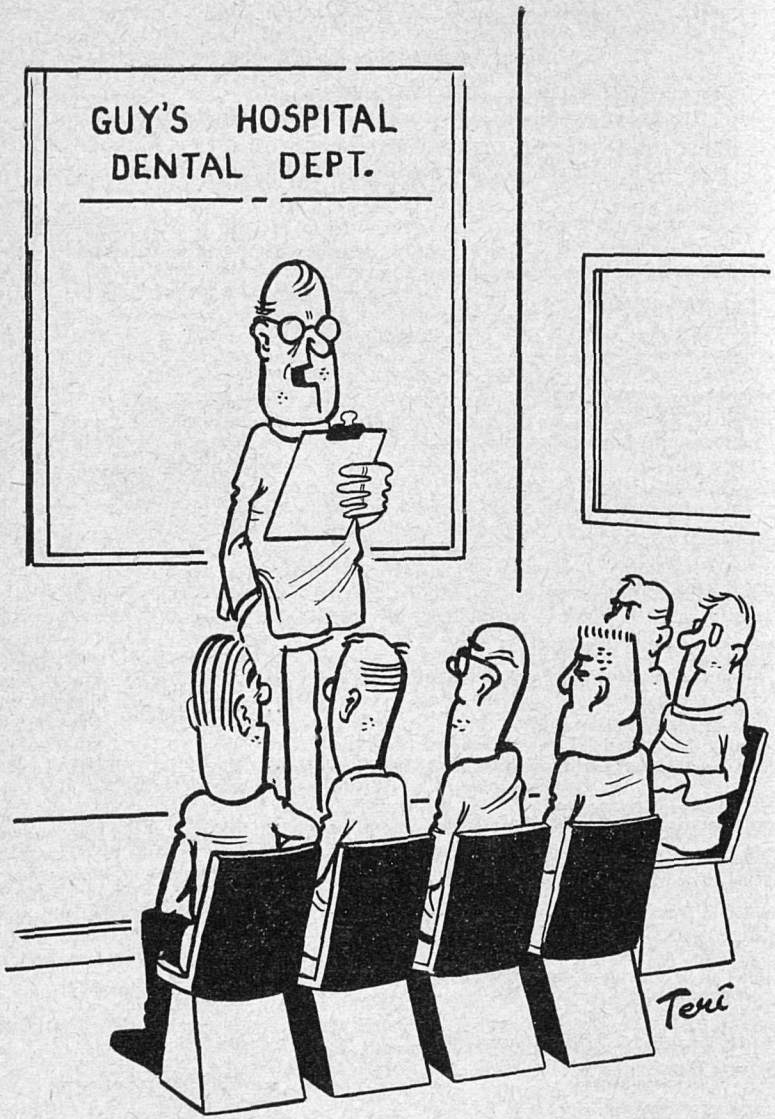
Operative Dental Surgery .. .. Professor W. E. Herbert

Conservation Room

Photographic Exhibit :

"The Teaching of Dental Surgery at Guy's Hospital"

Anterior Crowns .. .. Mr. W. A. Vale (in his Room)
Gold Inlay Construction .. .. Mr. A. D. Robinson
Root Canal Therapy .. .. Mr. W. C. McLachlan and Mr. A. H. R. Rowe
Impression Materials .. .. Mr. P. Ayling and Mr. S. J. Lubbock
The Amalgam Restoration .. .. Mr. R. F. King and Mr. A. N. Greenwood



"And in conclusion Gentlemen, I should like to add that your future careers will be devotion to the search for the tooth, the whole tooth and nothing but the tooth."

Class IV Restorations	Miss B. M. Langrish and Mrs. P. Wilson
Rubber Base Impression Materials	Mr. J. E. Cardwell and Mr. I. A. Stuart
Principles of Flap Raising in Minor Oral Surgery	Mr. J. N. James and Mr. G. F. Thompson
Children's Department	
The Treatment of Crowded Arches	Mr. R. E. Rix and Mr. W. J. Tulley
Treated Cases	Mr. R. E. Rix
Research Methods in Orthodontics	Mr. W. J. Tulley
Cases under Treatment	Mr. H. Richards
Removable Appliances	Mr. G. A. Kerr

Clinical cases will be shown by members of the Staff.

Afternoon Session (2 p.m.—4 p.m.)

DENTAL LECTURE THEATRE

2.30 p.m. Lecture : Cases referred by practitioners .. .. Professor M. A. Rushton

DENTAL DEPARTMENT

Ground Floor

X-ray Department

Interesting radiographs .. Dr. F. L. Ingram

Department of Preventive Dentistry

Reshaping the Interdental Embrasure	Mr. R. D. Emslie
Partial Dentures and Periodontal Disease	Mr. J. Metcalf
Deepening the Oral Vestibule under Local Anaesthesia	Mr. J. O. Forrest
Clinical cases treated in the Department	Mr. R. D. Emslie, Miss W. J. Bray, Mr. A. C. Campbell, Mr. J. C. Forrest, Mr. J. Metcalf
Bacteriological exhibit	Mr. C. W. T. Shuttleworth

Casualty Department

Visual Aids to Diagnosis	Mr. M. A. Gillon
Trauma to Anterior Teeth	Mr. P. H. N. Davis

First Floor

Department of Dental Prosthetics

More Aesthetics	Mr. R. D. G. Gain
Resilient Denture Linings	Mr. C. J. Lambert and Mr. E. E. Silcock

Dental Photographic Department

Apparatus available for Dental Photography .. Mr. A. D. Robinson and Mr. B. A. Jones, Photographer

Second Floor

2 p.m. Clinical cases will be shown by members of the Dental Visiting Staff.

Clinical Room I

Treatment of the Pulpless Molar .. Mr. A. R. F. Thompson

Professor's Room

Clinical cases .. Professor W. E. Herbert

Conservation Room

Photographic Exhibit : "The Teaching of Dental Surgery at Guy's Hospital"

Anterior Crowns	Mr. W. A. Vale (in his Room)
Root Canal Therapy	Mr. W. C. McLachlan and Mr. A. H. R. Rowe
Cavity Preparation with Special Reference to Recurrent Caries	Mr. D. London
Impression Materials	Mr. P. Ayling and Mr. S. J. Lubbock
The Amalgam Restoration	Mr. R. F. King and Mr. A. N. Greenwood
Class IV Restorations	Miss B. M. Langrish and Mrs. P. Wilson
A New Plastic Filling Material, some Preliminary Investigations	Miss I. M. Thompson
Rubber Base Impression Materials	Mr. J. E. Cardwell and Mr. I. A. Stuart
Principles of Flap Raising in Minor Oral Surgery	Mr. J. N. James and Mr. G. F. Thompson
Children's Department	
Interesting Cases	Mr. K. E. Pringle, Mr. D. Carpenter and Mr. J. J. Hall
Failure of Eruption of Maxillary Incisors	Mr. R. W. Willcocks
Intermaxillary Traction	Mr. H. D. A. Hope

Tea will be served on the First Floor of the Dental Department at 3.30 *p.m.*

REVIEWS

The Cranial Nerves—Anatomy and Anatomico-Clinical Correlations. By A. BRODAL. Blackwell, Oxford. Pp. 144. *Price* 15*s.*

Dr. Brodal, who is Professor of Anatomy at Oslo University, is already well known for his book "Neurological Anatomy in Relation to Clinical Medicine." He has now written this excellent concise account of the anatomy of the cranial nerves, with special emphasis on points of clinical interest. There are many references in the text to recent work on the subject and a brief appendix describes the common syndromes which involve the cranial nerves. The illustrations are clear line-drawings but it is a pity they are so few in number.

F.G.C.

Complete Dentures. By MERRILL G. SWENSON. The C. V. Mosby Co. 4th Edition. *Price* 101*s.* 6*d.*

In the latest edition of this popular American textbook very few changes have been made.

The compression impression technique advocated previously has now been replaced by a muco-static technique using alginate for the primary impression and a zinc oxide paste for the working impression.

The importance of fitting rigid stops to the impression surface of the tray, to ensure accurate support for the periphery of an alginate impression of an edentulous mouth, is stressed but the positioning of these spaces at the peripheral margin of the tray is open to criticism.

An unnecessarily elaborate and difficult technique is advocated for the recording of the retrusive record and all the artificial teeth are set up in centric occlusion before a protrusive record is obtained. Then, after adjustment of the condyle angles on the articulator, wholesale re-arrangement of the teeth is necessary to obtain a balanced articulation.

A new chapter has been added describing the mechanical steps of chrome cobalt denture construction. No details are given concerning the preparation of the refractory model, and it appears that after the investment model has set, it is not strengthened by immersion in resinous wax prior to waxing-up of the denture pattern. It is difficult to comprehend how the plaster matrix prepared on the master model can be used to assess the accuracy of the investment model.

The addition of frequent paragraph headings is an improvement which makes for ease of reference and the Glossary of Prosthetic Terms formulated by the Academy of Denture Prosthetics, which has been added as an appendix to this edition, is welcome.

The author has not allowed the recently propounded, rather speculative and controversial views on anterior-posterior jaw relationship to cloud the issue and the first part of this book, including the chapters on occlusion, will provide useful material for the student seeking to widen his knowledge.

The price will exclude this book from most students' budgets but it will be a much sought-after addition to the library.

D.J.N.

SPORT

Hospitals' Cup Match

2nd Round : Guy's v. Westminster

Result—Won 21-0

Under conditions that did not appear to favour an open game Guy's gave a fine display of Rugby, which must have heartened their supporters and furthered their chances of winning the Hospitals' Cup.

The most impressive aspect of their performance was the complete co-ordination of the team, and the spectators were treated to a number of excellent movements in which every member of the side handled the ball. Certainly it could be said that this team had no weak links. The three-quarters moved well and produced some attractive variations of play handling the greasy ball with great confidence. The half-backs proved a perfect link between the three-quarters and the forwards, who backed up magnificently, showing not only spirit and determination but also

skill that was reminiscent of the French forwards.

Guy's kicked off, and from a Westminster forward kick Nicholas fielded coolly and made a good touch. A penalty awarded to Westminster was well taken by Buirski who sold one of his high-class dummies and found a good touch. In the set scrums it was soon apparent that Treadwell had the full measure of the Westminster hooker. The first indications of Guy's scoring potential came when Murray broke from the loose and sent out a long pass to Ivanans. He in turn passed to Biggs who was stopped ten yards from the line. Guy's were soon on the attack again and a beautifully placed kick by Hollingsworth was well gathered by Biggs who sped along the touch-line and appeared to have scored in the corner but unfortunately must have put a foot in touch just short of the line. Guy's was not dismayed and produced the first of their mass attacks with every player handling and carrying the ball from one side of the field to the other, until Bryant made a beautiful run side-stepping and dummying his way through the opposing three-quarter line to score under the posts. Biggs converted. A hard battle was in progress up front and several times Westminster forwards were seen reeling to the ground in the process of being softened up. The front row were giving able support to Blackwell and Harris, who were towers of strength in the line-outs and loose. The back-row were very mobile with some fine covering and tackling by Cook and English and some hard in-fighting by Lloyd-Edwards.

The three-quarters continued to show penetration. Bryant showed some powerful and deceptive running in the centre. Nicholas proved steady at full-back and towards the end of the game came up into the line several times. Just before half-time Biggs once again tried to force his way through, following a goal kick.

The second-half started with Guy's making ground from some accurate kicking by Hollingsworth who was receiving a good service from Murray. Guy's continued to press and from a scrum on the Westminster line Cook seized his opportunity and crashed over for a try following a dummy run by Murray.

Westminster were unlucky to lose their captain at this stage as a result of a solid tackle by Ivanans.

Guy's continued to press home their advantage and once again the ball swung from player to player finishing with a short passing movement among the forwards from which Blackwell battled his way over. Biggs converted. Nicholas saved a dangerous situation with a neat side-step and touch-kick. But there was no holding Guy's now. Buirski again found a good touch and then Leyshon came close to scoring with a fine inside break. Ivanans showed admirable acceleration and sliced his way through the Westminster three-quarters only to slip on the greasy surface. Guy's were then awarded a penalty; a change of direction with a kick back to the forwards was beautifully taken by Biggs who placed a short kick over the full-back's head for Leyshon to score. Biggs converted.

Westminster nevertheless showed great spirit and never ceased trying but Guy's were well in command. The Westminster full-back gathering a high kick met English who had taken-off and was almost taken off himself. Murray made a good break on the blind side and cross-kicked to the waiting forwards. From the ensuing loose scrum Guy's gained possession and Bryant, running hard across the field, executed a perfect scissors with Leyshon who just failed to link up with the forwards again. Ivanans having gained confidence made another fine defence-splitting run and passed inside to Bryant who all but scored. Guy's ended the game with another great movement which the forwards initiated with short passing and a change of direction, linking up with three-quarters for Bryant to run over with a double overlap. The try was converted. Guy's hopes must be high for the Cup.

Team: J. D. Nicholas; D. A. Biggs, J. D. Bryant, P. Ivanans, J. Leyshon, R. Hollingsworth, M. D. Murray; R. G. Bury, W. T. Treadwell, A. P. Buirski, B. Blackwell (capt.), P. W. Harris, D. Lloyd-Edwards, S. A. Cook, T. A. English.

ASSOCIATION FOOTBALL

Guy's v. College of Estate Management

Result—Won 5-4

This was a fine victory for Guy's. Playing against a University of London First Division side with four reserves Guy's provided the shock result of the day.

Guy's playing down the slope in the first half were soon one up due to C.E.M's bad defensive work. A back pass eluded the goalkeeper and entered the net. C.E.M. were soon back in the game, however, when they made use of gaps down the centre of the Guy's defence.

Guy's retaliated and their second goal was somewhat fortunate. A shot from forty yards by Barrett skimmed along the ground and under the foot of a defender into the net. Guy's went further ahead when after Carmichael's shot had been blocked Palmer crashed the ball in from the rebound. C.E.M. scored again before half-time.

In the second half Guy's did well to hold the heavy C.E.M's forwards and actually went further ahead when Palmer hit the ball into the top of the net over the goalkeeper's head. C.E.M. came back again when Trayfoot and Hughes left the ball to one another and a forward nipped in to score. Guy's still kept ahead when Wright broke through and scored at the second attempt. C.E.M. scored again before the end and tried hard for the equaliser but the Guy's defence stood firm.

Team : Hughes; Sheridan, Winchester; Lettington, Trayfoot, Barrett; Zabeh, Palmer (Capt.), Carmichael, Heath, Wright.

Guy's v. Queen Mary College 'A' XI

Result—Draw 1-1

The outstanding and pleasing feature of this game, from Guy's point of view, was the performance of the defence. Throughout the game they covered each other well and distributed the ball sensibly even when under pressure during the second half. Sheridan was outstanding and Winchester's performance was more than pleasing. For the first time this season Trayfoot was able to help in cutting out the wingers, knowing that the middle was being well covered for him.

In the opening few minutes of the game, Queen Mary's College were on top but Guy's gradually fought their way into the game and actually took the lead when Landers was given a beautiful ball by Shepherd down the centre and he made no mistake in putting it past the advancing goalkeeper. Guy's lead was, however, short lived because within ten minutes Queen Mary's College had equalised when after Winchester had failed to control the ball properly the inside right ran through and scored via the post.

Guy's stormed back into the game but couldn't regain their lead although many shots went close. The pressure was maintained up to the interval.

During the second half Queen Mary's College had rather more of the game but because of good defensive covering Hughes had only two direct shots to save.

Guy's might have snatched a winner in the closing minutes, when Heath sent over an accurate centre which Mason just failed to control before he was robbed of the ball. A win for either side, however, would have be an injustice to the opposition.

Team: K. Hughes; P. Sheridan, A. Winchester; E. Lettington, N. Trayfoot, F. McGinn; W. Landers, R. Shepherd, B. Mason, A. Palmer (capt.), B. Heath.

UNITED HOSPITALS' LEAGUE

Guy's v. St. Mary's

Result—Lost 1-0

This was easily Guy's best performance of the season and they were extremely unlucky not to draw or even win. A little more steadiness in front of goal could easily have brought four or five goals, the ball striking the upright three times and the crossbar once.

The game started at a cracking pace with Guy's, the more aggressive. The Guy's defence put a tight hold on the dangerous St. Mary's forwards. Due to hard, quick tackling the opposition's forward line was rendered ineffective. Guy's tried hard to get an early goal and several efforts were only just wide. Towards the end of the first half St. Mary's came more into the game, but there was still no score at half-time.

Early in the second half Guy's were again well on top and with reasonable lick would have taken the lead. It was, however, St. Mary's who scored. After a period of intense pressure by Guy's, St. Mary's broke away on the right and although Parry made a brave effort to stop the ball it just travelled inside the upright.

Guy's fought hard to draw but had the handicap of having both wing halves limping on the wings.

The Guy's defence put up its best performance of the season but the forwards must improve their shooting and chase more of the loose balls which are frequently noticed.

Guy's v. Trinity College Oxford

At H.O.P. Result—Won 2-0

Trinity College brought with them a light-hearted approach to this game so that Guy's who were stronger and fitter did not win by a margin which gave a true idea of their superiority.

There was no score at half-time but soon after the re-start Lamb from the left and Wright from the right wing put Guy's 2-0 in the lead. Apart from one or two occasional attacks Trinity College did not look like scoring and Parry in goal had a quiet game.

Guy's defence did well and with Raynes at centre-half looked much stronger than at any time during last term.

Team : L. G. Parry; P. Sheridan, A. Winchester; N. Trayfoot, A. Raynes, C. Barrett; D. Wright, R. Shepherd, E. Lettington, A. Palmer, C. Lamb.

UNITED HOSPITALS' LEAGUE

Guy's v. U.C.H.

Result—Lost 3-2

This was a disappointing display by Guy's. U.C.H. who had only ten men throughout the game, were always quicker on the ball and thoroughly deserved their victory. The heavier U.C.H. side had a distinct advantage, however, on the snowbound pitch.

Guy's started well but after U.C.H. had gained a shock lead they seemed to lose heart and it was not long before the opposition were two up. Guy's came back into the game more after Heath had scored with a good shot from the left. At half-time the score was 2-1.

U.C.H. scored again early in the second-half when a shot-cum-centre from the right wing deceived Hughes and floated into the top left hand corner of the net. Guy's reduced the arrears ten minutes from time when Gann scored with a fine header from a centre by Heath.

Guy's strove hard in the last ten minutes to equalize but they were too slow to have much effect on the steady U.C.H. defence.

Team : K. Hughes; P. Sheridan, A. Winchester; E. Lettington, N. Trayfoot, F. McGinn; D. Wright, R. Shepherd, M. Gann, A. Palmer (capt.), B. Heath.

Guy's v. Royal Naval College

Result—Won 2-1

This was by far Guy's best performance of the season. Against a strong, fit Royal Naval side they maintained the pace well on a very heavy ground.

Guy's started quietly and it was the Royal Naval College who looked the most threatening in the early stages. However, the Guy's defence stood firm, as indeed it did for the rest of the game, and the Naval "assault" was subdued.

Guy's took the lead after twenty minutes with a wonderful goal. Parry collected the ball and threw it out to Trayfoot who pushed it forward to Shepherd. Shepherd's pass found Palmer in the centre of the field who placed it inside the full back for Wright to run on, draw the defence, and place the ball at Lettington's feet. He having an open goal, made no mistake.

Guy's continued to play good football in this half although no more goals were forthcoming. Early in the second half the Royal Naval College came back into the game as Guy's seemed to tire, and equalized through Bennett.

Guy's fought their way into the game again and five minutes from the finish scored the winner when Zadeh beat three men and then placed the ball in the corner of the net.

Team : G. Parry; P. Sheridan, A. Winchester; N. Trayfoot, A. Raynes, C. Barrett; D. Wright, R. Shepherd, E. Lettington, A. Palmer, J. Zadeh.

Guy's v. Goldsmiths

Away Result—Won 2-1

The game was played under good though heavy conditions and Goldsmiths after being 2-0 down fought back well to 2-1 showing more fight than Guy's in the second half so that a game that should have been safely won by the interval was close until the end.

Early in the game Guy's half-backs and inside forwards gained control in midfield and after 25 minutes scored first following a scramble in the goal area. Trayfoot pushed the ball over the line.

Ten minutes later Mason was put through by Palmer, whose energies contributed largely to Guy's first-half ascendancy, and scored from a narrow angle with a high dipping shot.

With only 10 men in the second half Goldsmiths fought hard and soon brought the score to 2-1, but Winchester, Sheridan, and Rayner were sound and there was no further scoring. Guy's thus won their third game in succession.

Team : L. G. Parry; P. Sheridan, A. Winchester; N. Trayfoot, A. Rayner, C. Barrett; J. Zadeh, B. Mason, E. Lettington, A. Palmer, C. Lamb.

GUY'S HOSPITAL A.F.C.

On 19th February, the Football Club is going to Maastricht, in Holland, for a five day tour. Their hosts are a local factory, Tout Venant who during this time are holding their centenary celebrations. Two matches have been arranged —against Tout Venant and Maastricht Hospital. Next season Guy's are entertaining Tout Venant when it is hoped that they will be able to take part in the London Hospital 6-a-sides.

The players making the tour are :

A. Palmer	A. Raynes
N. Trayfoot	C. Barrett
M. Gann	D. Wright
K. Hughes	J. Zadeh
G. Parry	E. Lettington
B. Heath	J. Carmichael
P. Sheridan	R. Shepherd
A. Winchester	M. Forsythe

U.H.U.L.M.C.

"Circuit of Kent" Rally

1st Guy's 93 points ; 2nd Northampton College 147 points ; 3rd Woolwich Polytechnic 227 points.

The start of this rally was at minute intervals from a Garage at Whyteleafe in Surrey. A handicap had been arranged according to engine size, modifications and age of the car. This varied from 22 m.p.h. for a 1936 Austin, to 30 m.p.h. for the majority of the post-war cars.

The rally was divided into 6 sections, the first was a simplified form of straight line navigation. The second was the ingenious system of visiting 6 different Map references, and at each of these was displayed a number. At the last reference was a clue showing the order in which the numbers should be placed to form a further map reference, at which point was the first of many secret checks. 30 points were lost for missing a check, and 50 for approaching it in the wrong direction !

At the next control point, just South of Gravesend, the navigator was presented with a list of ten map references, five of which had to be visited in any order. A reverse route card, and a tour of spot heights took us to the furthest point South which was in Sussex. The last section was easy driving and navigation along a main road, a pleasant relief after over 3 hours of fast driving along unclassified roads. The finish was at an all-night café on the A.20, at about midnight, where everyone relaxed with the amenities of pin-tables and a Juke box.

The organizers are to be congratulated on a very efficiently run Rally involving over 100 miles of difficult night driving. Of a total of 51 entries and 27 cars finishing Guy's had 13 entries of whom 9 finished. The first three Guy's cars were : 2nd M. E. Robinson (Ford Zephyr); 4th P. O. Older (M.G.A.); and 8th G. H. Williams (M.G.A.), losing a total of only 93 points, and thereby won Guy's the Inter-Collegiate competition.

Other Guy's cars to finish : 11th J. Metcalfe; 14th P. Chamberlain; 16th equal, H. Preiskel and A. J. Simons; 19th R. Fuller; 26th K. Redford.

SAILING CLUB

Guy's v. Nottingham University

Result—Won

Guy's 41½ points. Nottingham 35 points.

Team :

J. Williams and Mrs. A. Barker.
J. Barker and T. Sholl.
J. Maile and Miss V. Moody.

HOSPITAL INFORMATION

APPOINTMENT

John E. Blundell, M.D., M.R.C.P., F.R.C.S., has been appointed Assistant Neuro-Surgeon, Montreal Neurological Institute, 3801, University Street, Montreal, P.Q. Canada.

PASS LIST

UNIVERSITY OF LONDON

M.D.

January, 1960

P. A. Zorab P. A. Gardiner

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Membership

G. L. S. Rankin E. P. W. Tatford

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

January, 1960

Surgery

*A. K. Trounson

*Has completed the examination.

APPOINTMENT VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of **Registrar (middle-grade) to the Dermatological Department** with attendance on seven sessions per week. (Preference will given to applicants with a higher qualification in Medicine.) Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, not later than **25th February.** The post is vacant from 1st May, 1960, and the appointment will be until 30th September, 1960, in the first instance.

NURSING NEWS

Entered :

S/M Yong to *Victoria.*
M/N J. Quarrier to *York Clinic.*
S/N E. M. Wood to *Recovery Ward.*

Left :

Sister J. Shepherd, *New Cross.*
S/N P. Hunt, *Theatres.*
S/N E. Duke, *Night Duty.*
S/N F. Gilroy, *Patience and Samaritan.*
S/M D. Denny, *Victoria.*
S/M I. Boyd, *Sarah Swift.*
S/N M. Penrice, *Recovery Ward.*
N/N J. Fry, *Victoria.*

Promoted to Charge Nurse (*Half Blue*).

C/N McLean to Theatres.
C/N P. Harding to Theatres.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Accommodation

POSITANO (between Sorrento and Amalfi). Delightful villa overlooking sea. Room, bath, breakfast, dinner, service, equiv. 25/- incl. Write Amalia Cafiero, Positano, Prov. Salerno, Italy. Enquiries London. Tel. PRImrose 7598.

FURNISHED ROOMS. Newly decorated, fitted wash basin and cooking facilities. Sydenham 5927.

Required

FURNISHED FLAT by Guy's couple S/C. S. or S.E. area. Box 215.

For Sale

USED STAMPS (Colonial and Foreign). Apply Secretary, Guild of Ex-Patients, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been poted in this column are asked to send the Editor netails of their publication.

Bishop, P. M. F. The Use and Abuse of Slimming. *Med. Pr.*, 1960, **243**, 74.

Campbell, Maurice. Relationship of Pressure and Valve Area in Pulmonary Stenosis. *Brit. Heart J.*, 1960, **22**, 101.

Clarke, C. A. The Relative Fitness of Human Mutant Genotypes. Symposia of the Society for the Study of Human Biology, **2**, 1959. Chapter in Natural Selection in Human Populations. (Edited by D. F. Roberts and G. A. Harrison). *Pergamon Pr.*

Clarke, Ruscoe (The late). Treatment of Major and Multiple Injuries. *Nurs. Mirror*, 1960, **109**, V.

Humby, Graham. A Safer Mammaplasty. *Med. J. Aust.*, **2**, 925.

CHANGES OF ADDRESS

L. Wollner, M.B., M.R.C.P., 27, Northumberland Avenue, Aylesbury, Bucks. (Aylesbury 3320).

D. W. J. Cullingford, D.A., F.F.A.R.C.S., Oakenham, Evesham Road, Headless Cross, Redditch, Worcs. (Redditch 68).

ADOPTION

NEILL.—By Iris (née Jordan) and Derrick Neill, F.D.S., a son James Lindsay, now aged 8 months.

BIRTHS

BATTY SHAW.—On 31st January, 1960, at Nuffield House to Patricia (née Heckels), wife of Dr. A. Batty Shaw, a daughter (Susan Elizabeth).

BUCKLEY.—On 29th January, 1960, in Leicester, to Joan (née Lucas), wife of John H. M. Buckley, M.B., B.S., a daughter.

ELSDON-DEW.—On 4th February, 1960, at Nuffield House, to Mary (née Clayton), wife of Robin Elsdon-Dew, M.B., B.S., a daughter (Jane), sister for Mark.

LANEY.—On 24th January, 1960, at Cuckfield Hospital, Sussex, to Joyce and Donald Laney, B.M., B.Ch., a daughter (Janet Elizabeth).

LUX.—On 2nd February, 1960, at Bradford, to Avis (née Payne) and Brian Lux, L.D.S., a son.

PRICE.—On 9th November, 1959, at Sarnia General Hospital, Sarnia, Ontario, Canada, to Frances, wife of John King Price, M.B., a boy (Robert George King), a brother for Carran.

VALE.—On 2nd January, 1960, to Joyce and Raymond Vale, M.R.C.P., a second son (Justin).

MARRIAGE

MORRIS—POWER.—On 15th January, 1960, at Westminster Cathedral, Duncan J. Morris of Streatham, to Maureen Power, S.R.N.

DEATHS

DUNDERDALE.—On 27th January, 1960, Geoffrey Dunderdale, M.D., of Johannesburg, South Africa.

GILES.—On 30th December, 1959, Frank Giles, L.D.S.R.C.S., of Winchelsea, Sussex.

SHEARER.—On 28th November, 1959, George Linden Shearer, L.D.S.R.C.S., of Queenstown, South Africa.

WATERMAN.—On 18th January, 1960, Mary Ela Waterman, S.R.N., late Matron San Fernanda General Hospital, Trinidad.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1868 *27th February* 1960 *One Shilling*

PASSIM

DURING the Blitz, casualties in their scores arrived in Front Surgery, and Outpatients Hall received 120 patients in a single night after a heavy raid. In wartime, the Hospital is geared to deal with such situations; in-patients are evacuated to units in the country, and major trauma to large groups of people is expected, and catered for, daily. In peace time, sudden disasters occur, and a hospital may have to change gear, as it were, to think and act in terms of the large numbers of major injuries which occur in such accidents as the Lewisham train crash. Medical and surgical treatment can be quickly made available; the urgent need is for adaptability and organization of a high order. Exercise "Cascade" last week was a stiff test of the South-East Regional arrangements for dealing with a major civilian disaster. Police, Fire Service, Ambulance Units and several hospitals were involved; St. Olave's School in Tooley Street was regarded as a chemical works where a major explosion had resulted in 150 casualties. Guy's received 70 of the 190 casualties, and the intention of rehearsing their reception, classification and documentation was most efficiently carried out. At the site, Mr. Patrick Clarkson was in overall charge of medical personnel, and the Guy's "Mobile Team" was extremely impressive both in its speed of arrival and in its effective use at the site. We hope to publish a short appreciation of the lessons learned in this exercise in a forthcoming issue; meanwhile, it is good to know that we are fore-armed as far as is possible, against an eventuality which we hope will never materialize. The degree of preparedness thus achieved will be life-saving for the victims of any future disaster.

A cautious welcome was the response to the Royal Commission's report on doctors' pay. Governments have ignored Royal Commissions before; but it is pleasant to see an impartial group of men thus conceding the justice of the profession's claims, made three years ago.

The Captain of the Rugby Club wishes to thank the members of the Hospital who supported the team in the Cup Competition. We are sorry that an off-day coincided with the semi-final against St. Thomas's, who won 11-3, but a fine win by 8 points to nil, against Aberavon last Saturday, was a far more true representation of the XV's recent form.

Guy's men and women who qualified in April and October of 1959 are invited to attend a dinner at the Cheshire Cheese, in Fleet Street, on 16th March. Tickets, which cost 25*s*., should be applied for by writing to Dr. Louise Gallagher at Lewisham Hospital.

Dr. W. Sheffield, Director of Medical Services in Southern Rhodesia, will be giving a talk on "A Medical Career in the Federation of Rhodesia and Nyasaland" on Tuesday, 8th March, 1960, at 8.0 o'clock at Rhodesia House, 429, Strand, London, W.C.2. This will be of particular interest to final year students, housemen and young general practitioners who may be considering making a career abroad.

Anyone who is interested in becoming a Government Medical Officer in this Service but who is unable to attend Dr. Sheffield's talk can obtain information from Mr. Goodliffe in the Appointments Bureau, Medical School.

Guy's Dinner in South Australia

L. to R. Peter Bryant, Trevor Dinning, D. P. Finnegan, John Gordon.

Dr. D. P. Finnegan writes from Adelaide :—

I enclose a photo taken at the very successful Dinner at the Earl of Zetland Hotel in Adelaide, on 28th November, 1959, which you may like to publish in the *Gazette*.

There were 21 old Guy's men and their ladies present. Also present in spirit was Sister Saddler who had been serving at Guy's between 1912 and 1925. Now in her eighties and living in Adelaide she sent her autograph album for all those present to sign.

Unfortunately, at the last minute Mr. L. C. Lindon, P.R.A.C.S., was unable to attend, but we were very glad to have four from Broken Hill (imagine coming 300 miles, a fair part over dirt road, for a reunion dinner, to return the next day) and two from Naracoorte (240 miles).

Those present were : Adelaide graduates who had held Registrar appointments at Guy's. John V. Gordon (Neurology), Trevor A. R. Dinning (Neurosurgery), Phil. R. Hodge (Forensic Pathology).

Guy's Graduates : V. Bockner (Reader in Obstetrics). K. Anderson (Bacteriologist), P. Bryant (Consultant Physician), P. Cooke (Acting Flying Doctor), A. M. Huntley, I. McLeod, J. Bullen, D. P. Finnegan (all General Practitioners).

GUY'S DIARY

FEBRUARY			
29th	M	1.00	Mr. Ross. Clinical Lecture. *The Heart as a Pump.*
MARCH			Exhibition. *Post-Operative Chest Complications.*
1st	T	1.00	Mr. Reading. Clinical Lecture. *Diseases of the Nasal Sinuses.*
3rd	Th	1.00	Mr. Grant Massie. Clinical Lecture.
4th	F	1.00	Professor Knox. Clinical Lecture.
7th	M	1.00	Dr. McConnell. Clinical Lecture. *The Story of Intravenous Anaesthesia.*
8th	T	1.00	Mr. Atkins. Clinical Lecture. *Breast Diseases in General Practice.*
10th	Th	1.00	Dr. Hardwick. Clinical Lecture.
11th	F	1.00	Dr. Mann. Clinical Lecture. *Multiple Myeloma.*
12th	S	10.00	Surgical Departmental Round conducted by Mr. R. Furlong (St. Thomas Hospital).
15th	T	1.00	Dr. Crisp. Clinical Lecture.

OBITUARIES

DR. G. W. DRYLAND, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P.

Dr. Gilbert Winter Dryland, who practised in Kington, Herefordshire, died suddenly on 2nd February, while driving home after a session as Medical Referee. He was 78 years of age.

He was born at Kettering on 29th December, 1881, and was the son of Dr. J. W. Dryland (and the younger brother of Dr. L. W. Dryland, who also practised in Kettering).

He was educated at Uppingham and Caius College, Cambridge, and studied Medicine at Guy's Hospital, qualifying in 1907. He was House Surgeon to the late Sir William Arbuthnot Lane. Shortly after he left Guy's he entered practice in Kington, in 1909, and remained in the same practice for the rest of his life.

He was appointed to the staff of the Kington Cottage Hospital where he administered many thousands of Anæsthetics. He was Medical Officer to the Infirmary, and held many public offices.

He was Commissioned in the R.A.M.C. in 1915, but was invalided out eighteen months later, and returned to his practice, and also looked after a Red Cross Hospital. In the second World War he served with the Home Guard, and trained his Ambulance Squads to a very high state of efficiency.

He represented the Hereford Division of the B.M.A., and the Local Medical Committee at many important Conferences, and was a member of the Herefordshire Executive Council.

After he retired from active practice, he worked for the Ministry of Health as Regional Medical Officer. This gave him great satisfaction as he was able to keep in touch with other practitioners and patients

While at Cambridge he started the Varsity Hockey League and later played for Guy's and the United Hospitals' teams. He was a keen tennis player, until a coronary attack five years ago forced him to stop. From his student days he always looked forward to his annual holiday sailing on the Norfolk Broads.

When he first went to Kington he started the first troop of Boy Scouts there, and was Scoutmaster for some years. He took a great interest in all the activities of the little town in which he lived. He will be long remembered, and greatly missed by the people of Kington, who have for many years regarded him as a friend and counsellor as well as doctor. His very human and kindly attitude endeared him to everyone.

He married in 1910, Miss Dorothy Mather, a nurse from Guy's, who died in 1947. His only son died in 1935, while a medical student at Guy's. He married again in 1948, Miss Barbara Minty, who survives him, as does a daughter of the first marriage.

W.L.J.

Dr. R. E. Irvine writes :

Dr. G. W. Dryland, who died suddenly on 3rd February, qualified at Guy's in 1907. Before the first world war he had settled in practice at Kington in Herefordshire where he spent the rest of his life.

He was sustained by a deep religious faith and was as much beloved for his kindness and gentleness as for his great experience and professional skill. For many years he was anæsthetist to Kington Cottage Hospital where his son-in-law became surgeon, and the family team was notably successful in its surgical endeavours.

He was always devoted to Guy's where he had been a resident and where he met his first wife who died in 1945. His only son was a student at Guy's but it was the tragedy of his life that the young man died of septicæmia before he qualified. Dr. Dryland was an occasional contributor to the *Guy's Gazette* over many years. He was especially proud of having taken part in the Residents' Play in its almost legendary hey-day. A few years ago when he published his reminiscences he chose the pseudonym of Q. S. Gabb, a character he had portrayed in the Residents' Play in 1908.

Dr. Dryland was a versatile character who lived life to the full and delighted in it. He was a keen nature lover and antiquarian. Kington, lying in the little known border country between England and Wales, with its rolling hills, its flower filled lanes, its clouds and sunshine, its meadows fenced with white iron railings, its streams running to the Wye Valley and its half-timbered houses, meant much to him, and he captured its beauty in photographs which adorned his home. His garden was as lovely as any I have known. He also enjoyed travelling and sailing. He was a pioneer motorist who owned a car when motoring was still an adventure. It always gave him pleasure to recall how his first car would only climb a certain hill if driven backwards.

Perhaps his most endearing characteristic was a beautifully quiet sense o humour which kept peeping out in all he did. It informed a great deal of hi writing and made it a joy to receive a letter from him. Several Guy's men, of whom I was one, had the privilege of doing locums in Kington for him and to do so was to see country practice at its very best.

He was a gentle and good man. He is survived by his second wife and daughter to whom we extend our sympathy.

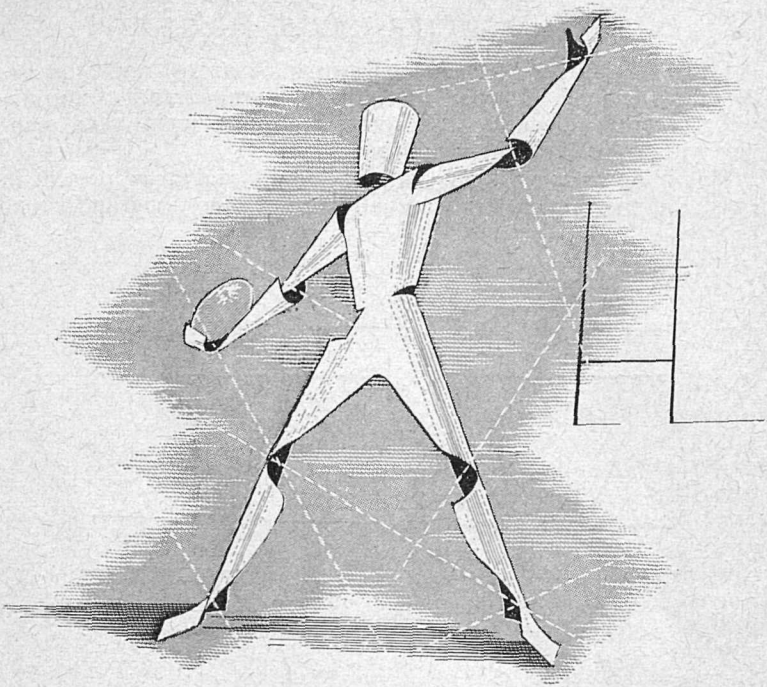
MARY ELA WATERMAN

Guy's nurses will have heard with sorrow of the tragic death of Miss Waterman on 18th January.

Miss Waterman was a trainee of Guy's from 1936 to 1940, and subsequently held an appointment as a Staff Nurse and as a Sister for a period of seven years, leaving to gain further experience in this country before returning to Trinidad.

Having recently been appointed Matron of the San Fernanda General Hospital Miss Waterman's death is particularly tragic, as she was hoping shortly to return to her Hospital. She is a great loss to Trinidad where she was regarded as an outstanding member of the nursing profession, particularly at this time when the Colonial Nursing Service is gradually withdrawing its nursing personnel. Her many friends will, I know, mourn her loss.

J.A.



STRAINS AND SPRAINS...

These minor but incapacitating injuries occur chiefly around the joints. Supportive treatment with Elastoplast porous elastic adhesive bandages is usually the most satisfactory procedure.

All Elastoplast bandages are porous so that while providing firm elastic support with the desired amount of stretch and regain they also permit evaporation of sweat. In order to minimise rucking of bandages and soiling of stockings the adhesive is not spread to the fluffy, protective edges of the bandage.

Elastoplast

TRADE MARK

ELASTIC ADHESIVE BANDAGES (Porous) B P.C.

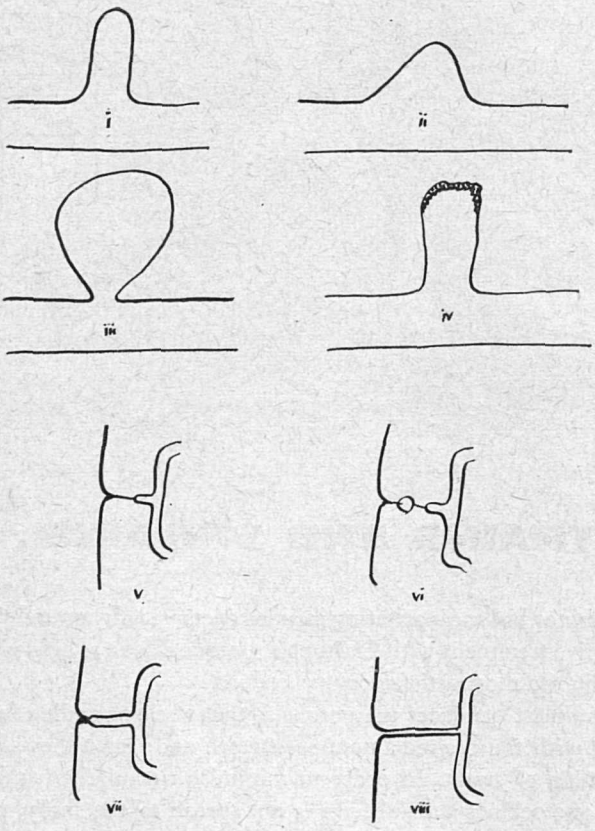
S&N SMITH & NEPHEW LIMITED · WELWYN GARDEN CITY · HERTS

MECKEL'S DIVERTICULUM

By P. S. BOULTER F.R.C.S., F.R.C.S.E.

Johann Friedrich Meckel, Professor of Anatomy and Surgery at Halle, described his diverticulum early in the nineteenth century. It however seems inevitable that some anatomist must have seen it earlier without realizing its significance.

This blind pouch of ileum is traditionally said to be present in 2 per cent. of the population, is usually about 2 ins. long and situated



Figs. i—viii

about 2 ft. from the ileo-caecal valve. Like most good traditions this one has a reasonable germ of truth in it as long as the length is understood to *average* rather than to *be* 2 ins. The shape and structure vary considerably and in these variants may be the seeds of trouble.

Most diverticula are tubes of roughly constant diameter along their length (i), though others are conical (ii) and some are actually ballooned distal to a narrow neck (iii). Some have smooth ends while others have thickened irregular walls and tips (iv.) Most of their distal ends lie freely in the peritoneal cavity while others have moorings of some sort to the inner aspect of the anterior abdominal wall at the umbilicus.

Such attachment may be by a fibrous band (v) and along the course of the band there may be cysts (vi). There is sometimes actual adherence of the tip to the back of the umbilicus (vii) which may have sequestered patches of intestinal mucosa in its crevices known, rather inaccurately, as 'strawberry adenomata'. Last and rarely there may be a patent canal which opens at the umbilicus as a congenital ileal fistula. (viii).

The walls of the diverticulum have the normal layers of small intestine. A mucosa identical to that of the ileum, a richly vascular submucosa, layers of circular and longitudinal muscle and a top coat of peritoneum together make up the wall. However, the organ sometimes has some histological surprises. Interpolated in the normal ileal mucosa may be islets of gastric, duodenal, pancreatic or colonic epithelium. The blood vessels of the diverticulum may be interesting as there is often found to be an artery coursing up the wall which is easily recognizable as the termination of the main stem of the superior mesenteric artery.

Meckel's diverticulum represents a residuum of the vitello-intestinal duct which is the communication between the definitive yolk sac and the lumen of the apex of the mid-gut loop. This channel usually is obliterated at about the time of the return of the mid-gut loop from its stay in the extra-embryonic coelom. Any failure of this obliteration leads to the persistence of part or all of the vitello-intestinal canal. This is recognizable in the combinations of diverticula, bands, cysts and fistulae that have already been described. It is hardly surprizing that such primitive tissue should retain some evidence of pluripotency, and so we account for the heterotopic gastric, pancreatic and other epithelia that may be found in later life.

There are about one million Meckel's diverticula in Britain and it is hardly surprizing that most surgeons sooner or later will encounter most of its abnormalities and diseases. Inflammation of the wall itself is not very common in the absence of heterotopic tissue or of a lodged foreign body. However from time to time an acute obstructive diverticulitis may occur, particularly where the neck is narrow or contains much lymphoid tissue. When this happens the clinical picture is that of acute appendicitis and each time that this has been encountered by the author a confident diagnosis of appendicitis has been made before laparotomy. It is important in this connection to emphasize the rule that the finding of a 'lily-white' appendix should lead to a careful search for alternative sites of trouble in intestine, stomach, gall-bladder and the pelvic viscera. One odd obstructive (but not inflammatory) condition seen recently is perhaps worthy of mention. A young woman had a history of recurrent attacks of colicky central abdominal pain over several years. Each attack of pain occurred after meals and was relieved spontaneously after an hour or so when she noticed some gurglings. Laparotomy was carried out during a particularly vicious attack and a balloon-like diverticulum some four inches in diameter was found. This had a narrow neck with a valvular flap of mucosa which allowed easy entry of gas and faeces into the sac but which could only be emptied with some force. The attacks ceased after excision of the diverticulum.

The presence of heterotopic tissues in a diverticulum is of special surgical interest because of the rather bizarre conditions that may ensue. Where gastric mucosa is found, there may be episodes of pain suggestive

of peptic ulceration, but with a lower radiation. The greatest interest of this sort of gastric microcosm is where ulceration leads to perforation or bleeding, the former being one of the commoner manifestations. Localization of signs and symptoms to the right iliac fossa is common and will of course simulate a very acute appendicitis with local peritonitis.

Heterotopic pancreatic tissue is rarely present in other than microscopic quantities. Acute haemorrhagic pancreatitis is postulated, but seems to belong to mythology rather than to pathology.

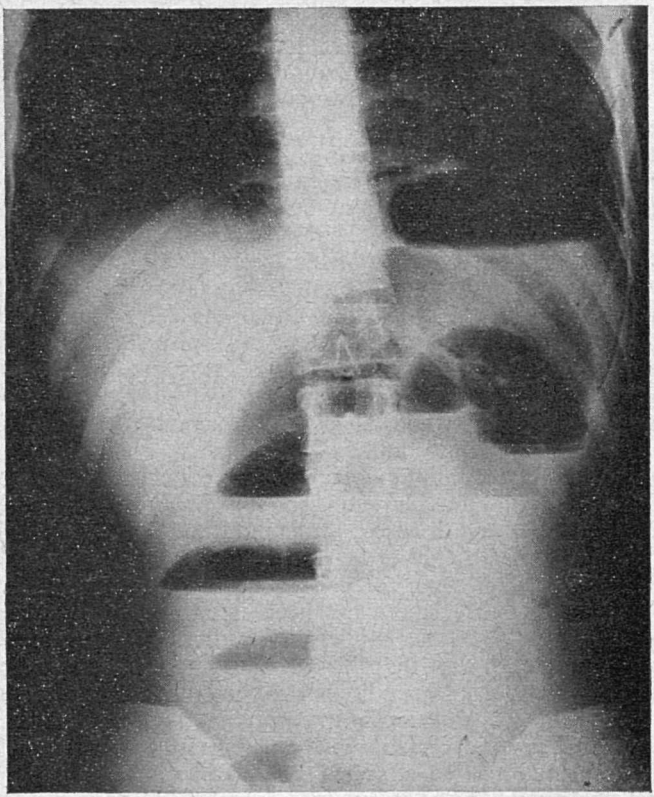


Fig. ix.—Erect film showing fluid levels in small bowel.

One of the most important pathological roles of the diverticulum is its part in the genesis of acute intestinal obstruction. This may occur at any age and there are several distinct mechanisms. Probably the commonest variety is that produced by twisting of small bowel loops round the fibrous band of attachment that leads from the diverticulum to the back of the umbilicus. Where the diverticulum is fused to the abdominal wall volvulus and consequent infarction may occur. This may be complicated even further as was seen in a recent case.

A 22 year old man, whose previous health was excellent, presented with an eighteen-hour history of colicky abdominal pain, vomiting

and complete constipation. He was thirsty and had physical signs of moderately severe extracellular fluid and electrolyte depletion. His tongue was dry and his skin turgor was slightly reduced. The pulse rate was 90 and the temperature was normal. The abdomen was slightly distended and tender with easily audible runs of high-pitched bowel sounds. Erect and supine films of his abdomen were taken. These, as shown in figs. (ix) and (x), showed distended loops of small bowel with fluid levels. The absence of gas shadows from the rectum was also significant. Further investigation revealed a haemoglobin of

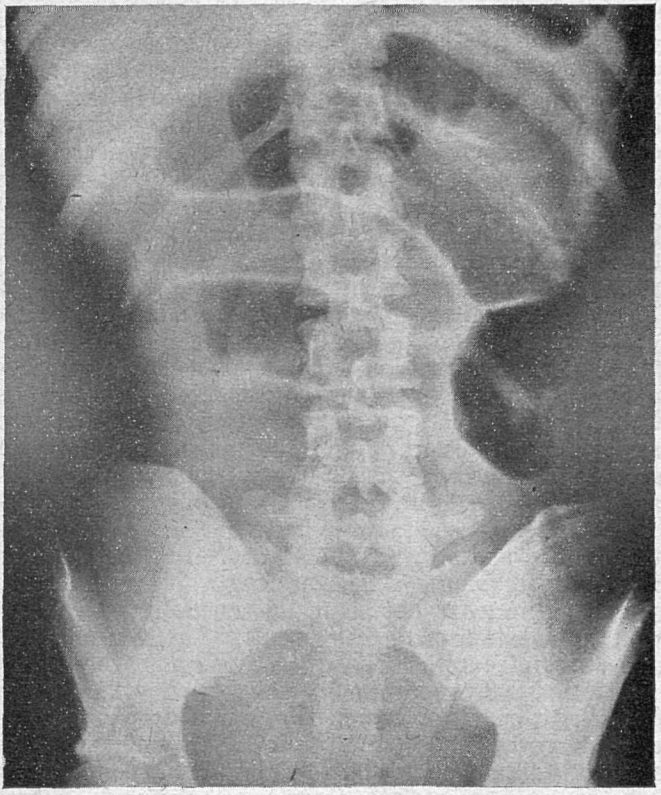


Fig. x.—Supine film shows distended loops of small intestine.

126 per cent. (18.5 g/100ml.), a blood urea of 52 mg. per cent. and urine of high specific gravity (1022). The urinary chloride level of 16 milli-equivalents per litre supported the diagnosis of considerable extracellular fluid depletion. The diagnosis of intestinal obstruction of unknown aetiology having been made, there was no alternative to laparotomy which was carried out as soon as one litre of normal saline had been given intravenously and the stomach had been emptied by suction through a Ryle's tube. Volvulus of an 18 centimetre-long diverticulum was found with congestion of its wall. The apparent cause of the twist was a loop of ileum that had swung round the diverticulum and had

t

tucked its apex between its own entering coils. The whole mass of loops and diverticulum had then revolved for one and a half turns using the long axis of the diverticulum as a maypole. Once the umbilical attachment of the Meckel tip was detached, easy reduction was possible. The diverticulum was excised and subsequent convalescence was uneventful.

Another way in which obstruction may occur is by intussusception of ileum, starting with the opening of the Meckel as apex. This has been reported at all ages but is probably commonest in children when additional bulk at this site due to lymphoid hyperplasia may be a contributory cause.

A final triad of oddities associated with the diverticulum are worthy of brief mention. First is the fact that it collects passing foreign bodies. If one of these happens to be sharp there is a possibility of traumatic perforation. Needles, fish bones and splinters have been known to cause this. A second and very rare group of troubles is that caused by neoplasms, usually carcinoids. Finally there is a rarity where a Meckel's diverticulum is found in an indirect inguinal hernia. This is Littré's hernia and remains in the textbooks as an eponymous tombstone rather than a common finding.

Basically the treatment of virtually all these anomalies is excision of the diverticulum. It may be necessary to remove the segment of ileum that carries it, though usually simple amputation is adequate. When this is done the operation should be planned to avoid any reduction of the ileal calibre. A longitudinal elliptical incision is made around the base which is sewn up transversely thus preventing a long stricture. Simple as this operation is, it should not be done blindly by every surgeon who finds a Meckel's diverticulum at laparotomy. Most of these structures fall to an enthusiast's inability to leave well alone rather than to a genuine surgical indication. At operation any bands should be divided and a diverticulum attached to the abdominal wall should be removed because of the real danger of intestinal obstruction. Narrow-necked, irregular, fibrotic or thickened diverticula can also be resected in anticipation of further trouble. Thin-walled, conical and obviously innocent ones should be left alone as it should always be remembered that their removal involves a breach in the intestinal wall and all the post-operative complications that may ensue from this.

In summary then, Meckel's diverticulum is a common congenital anomaly that is usually no trouble to its owner. It can however be the cause of a series of acute abdominal emergencies and, of these, acute inflammation, ulceration, bleeding and perforation, obstruction and intusussception are the most important.

PROPOSED FOOT SURVEY

By T. T. STAMM, F.R.C.S.

In view of the interest aroused by the Ministry of Health's recent announcement about the proposed survey of foot defects in children, and the fact that Guy's Hospital will be intimately concerned, it was thought that a note on the subject might be of interest to readers of the *Gazette*.

The high incidence of foot defects among young recruits for the

services has been a cause of increasing concern to the authorities. Some six years ago I was asked whether I would undertake an investigation into the causes of such defects and the possible influence of footwear upon them. A parallel investigation was to be undertaken by Mr. Sayle-Creer at Manchester. After a number of meetings the broad lines of a scheme were worked out. Many cross-section surveys have already been carried out, but they only show the types and the relative severity of foot defects at different ages. No one has ever conducted a survey in continuity over a sufficient period of time to be able to observe what happens to the feet of any particular children or group of children as they grow.

It was therefore proposed to examine large groups of children keeping full records, including photographs and X-rays, and to follow them through from infancy to adolescence. The local school authorities have been most helpful and cooperative, so that there should be little difficulty in arranging for the examinations to be organized as part of the regular school inspections. It was hoped that in the case of approximately half the children, arrangements could be made to have their footwear supplied and fitted under expert supervision, which would also allow constant supervision of the condition of their feet, legs and general posture so that appropriate action could be taken at once when necessary.

We are fortunate at Guy's in being the first hospital to have a Shoe Fitting Service, which could provide the means of ensuring careful shoe fitting and supervision of these children. The rest of the children would act as controls.

In this way it was hoped to collect a mass of information which should tell us not only which types of feet in the infant are likely to show gross defects in the adult, but also what effect special care and preventive measures could have in limiting the effect of such congenital or acquired tendencies.

Having got so far we were asked how we proposed to finance such a project! This was rather a blow, as apparently there were no Ministry funds available. All other possible sources were tried in vain. Had we been setting out to prove something definite in a short space of time there would have been no difficulty, but we proposed to explore the unknown and could not hope to know whether we were even getting anywhere in less than five to ten years. This seemed to be an insuperable difficulty, and it seemed that the whole project must be shelved, until recently some far-sighted trustees were unearthed who were prepared to offer financial support. We now have a promise of the necessary finance, at least to get the project under way. As it will entail following some hundreds or even thousands of children from infancy to adolescence, with fairly elaborate records of each, the financial implications are not small, and we are most grateful for this offer.

When one considers the amount of pain, disability and loss of efficiency that results from defective feet it does seem to be worthwhile to make any effort that offers even a vague hope of putting the nation more firmly on its feet in the future. It is also appropriate that Guy's Hospital, which since the days of Arbuthnot Lane has pioneered so many innovations in Orthopaedics, should be concerned in this venture.

CORRESPONDENCE

Letters to the Editor of the Gazette

Prevention of Tetanus

From Professor G. Payling Wright

SIR,—In his letter describing one of his recent cases, Dr. Rowe has posed one of the difficult questions that arise from time to time in the prevention of tetanus, and has asked me to comment on the course of action that was then adopted.

In the first place, it is very desirable to follow up any passive immunization (which is almost invariably against diphtheria and tetanus) in which horse antitoxin is used by a subsequent active immunization with the appropriate toxoids. This can be started six to eight weeks after the antitoxin has been given, by which time little or none of an ordinary prophylatic dose of the antiserum will remain in the body. This active immunization, especially if fortified by toxoid two or three years later, will probably confer life-long protection.

Should this active immunization not have been given, and the person suffer a second accident, the problem becomes much aggravated. Several courses of action are open. A further inoculation of anti-toxin, perhaps in double the usual dose as in this case, can be given—care being taken to have fresh adrenalin and antihistamine drugs at hand. How long this extra antitoxin will sustain a protective level in the blood, it is impossible to say, for although on average the larger dose will remain rather longer, great variations exist in this respect from person to person. It is quite likely that in the present case most of the antitoxin had been lost within the first day or two—perhaps sooner—and that period is much shorter than the usual incubation period—some ten days—of the disease. Consequently by the time toxin might have been forming freely in the wound, had it been infected with *Cl. tetani*, and becoming dispersed in the body, none of the specific antitoxin would have been left. Dr. Rowe is thus quite correct in doubting the existence of a protective cover in this case during the critical period of any tetanus infection.

The course adopted to meet this difficult situation was to seek to amplify the passive protection by simultaneous active immunization, so that as the horse antitoxin was lost the antitoxin manufactured by the patient would rise. Unfortunately, these simultaneous active and passive immunizations in tetanus are not very effective. The position was well brought out in some observations made by Miss Barr and Brigadier Sachs in the immunization of soldiers. When toxoid was given at the same time as, but in a different arm from, the horse antitoxin, the average patient only produced about one-tenth of the amount of his own antitoxin that he would have, had no horse antitoxin been given at the time. In Dr. Rowe's case, therefore, the response to the one ml. of toxoid that he gave was probably small and it is very questionable whether this active immunization would have raised the patient's own antitoxin to a protective level within its incubation period had tetanus developed.

Faced with this difficult problem again, it would probably be best—though I know of no figures to support the suggestion—to give 1 ml. toxoid as soon as possible after the injury and to give the prophylactic 3000 I.U. of antitoxin at a different site two or three days later. By so doing, the toxoid could act uninhibited by antitoxin for the first few days, and the coverage of the passive immunity extended correspondingly into what is really the danger period.

Yours etc.,

Department of Pathology, G. PAYLING WRIGHT.
Guy's Hospital Medical School, S.E.1.

Residents' Ball, 1960

SIR,—We should like to draw the attention of all Guy's men, both past and present, to the Residents' Ball. The Ball has been arranged this year for the 29th April, and will be held at the Park Lane Hotel, Piccadilly. Reception 8.0 p.m., Dinner at 8.45 p.m. Mrs. G. F. Gibberd has kindly consented to act as Hostess. The cost of double tickets will be £4.

Yours etc.,

H. C. EVANS,
C. J. ROWLAND,

Guy's Hospital, S.E.1. *Ball Secretaries.*

Wounded

SIR,—I must protest against your recent article in *Passim* with regard to the Blackheath Medical Board. Most amusing I am sure for the stranger to read, and good stuff for the sensational press (who have access to the *Gazette*) to use against us, and fair enough if it were true, but Sir, it is NOT. The are No splintered wooden floors, and men are certainly not put into Grade I, automatically, regardless of any Physical, Mental or Emotional defects.

I hope that the article was intended to be lighthearted, if not, I consider it to be sarcastic, abusive and a travesty of the truth. I have shown it to most members of the Board and their remarks were worthy of the "Spit", if it still exists.

I would be grateful if you could publish this or a few words to clarify the position as to whether this was an intentional attack upon us.

Yours etc.,

L. E. MILTON.

P.S.—I am providing a special splintered wood board for Guy's men to use when standing before the Chairman.

11, North Park,
Eltham, S.E.9.

We do not intend to adopt one habit of the Blackheath board in our own practice; we will always accord some privacy and priority to any fellow doctors whom we examine. We enjoyed our morning fairly well, however; it was a lengthy but novel experience, and we have no quarrel with the amiable gentlemen who examined their allotted parts of our anatomy.—EDITOR.

Gala Premiere

A world premiere, a Guy's playwright, the captain of Rugger—it is not surprising that the first night of the Theatre Club production of *Gethsel* from March 3rd to 8th is being advertised as a Gala Night.

The play was written by Martin Bax who qualified at Guy's last Summer and is now houseman to the pædiatric unit of St. George's Hospital. This is his fourth full length play, "it is only after the fifth they get really good" he says, and it was written during his second clinical year. He wrote his first play at Dauntzy's School; later at New College, Oxford he wrote his first novel (his second, a study of social acquiescence and the motives which make a young man study medicine, is being written). Medicine, short story writing broadcasting, editing the national literary magazine *Ambit*, and organizing a Hampstead essay Club did not allow him as a married man much time for extra mural activities at Guy's. He was a founder member of the Quodlibet Society, and also he recalls that he was once invited to address the Debating Society where he was twice mistaken for Lord David Cecil.

Gethsel takes place in the year 1200 B.C. at the time of the Hittite Empire. The setting need frighten no one: it is not a "historical play" ; it concerns the passions and problems of society which always have been, and always will be present. The language is so contemporary that much of the soldiers' speeches had to be bowdlerized.

The Producer is Jean-Pierre Voos who was so successful with *Montserrat* and *The Crucible*. The Residents' Play producer must envy his great opportunity for casting from all sections of the Hospital. Even with such a vast potential source, Voos believes in type casting to an astonishing degree. This makes for some embarrassment, as people knowing this, don't know whether to be flattered or annoyed when asked to play an unpleasant character. There is a camp follower in *Gethsel*.

The acting of the Theatre Club is usually good, and though one or two of the more experienced are not available, this production should be no exception. In the main parts are Timothy Davis, Memo Spathis and Elizabeth Ward. The smaller parts will arouse as great interest, among them are Ken Robertson and

Michael Maberley, outstanding character actors; and as a guest artist, Barry Blackwell appears in a non rugger-playing but essentially second-row part.

Coming away from Theatre Club plays people inevitably say "What a surprising good production". The will, one hopes, be able to say so again, though the experienced will not be surprised. This time the main comment must centre on the new play itself. It will be interesting to see if Bax, who writes with such delight, ease and sensitivity, can produce a work which can be translated into a dramatic force on the stage.

From Chekhov to Somerset Maugham, literature would be but half as rich without its medical writers. Guy's contribution has ranged from Keats to C. S. Forester. There is room for more.

REVIEWS

The Clinical Syndrome of Diabetes Mellitus. By JOHN LISTER, M.D., M.R.C.P. H. K. Lewis & Co. Ltd. 1st Edition. *Price* 35*s*.

The discovery of insulin did not answer all the questions presented by diabetes. Instead, by enabling those suffering from it to live longer it produced new problems in the shape of diabetic complications. In addition an immense amount of work has been done in an endeavour to elucidate the mode of action of insulin, while all the time the search for an oral antidiabetic agent has gone on. The patient, too, has his own difficulties, for he no longer finds himself condemned to an early death but he has to learn to live with his disability.

Dr. Lister has produced a book of less than 230 pages in which all these aspects of diabetes are considered. The first part, on the diagnosis and treatment of the disease, considers both its biochemical and pathological aspects. A clear account is given of the management of the patient with diet, insulin or oral hypoglycæmic agents. A chapter on practical procedures is of value, though it may be questioned whether the inclusion of the details of the estimation of blood sugar is necessary.

In the second part complications and associated conditions are dealt with briefly but adequately. These pages are well illustrated. There is a final short section on the social aspects of the disease.

If there is any criticism to be made of this book it is that Dr. Lister makes it all too clear and simple. But this is no bad fault in a small textbook whose aim is to allay the anxiety of students and practitioners when faced with the problems of diabetes mellitus.

C.H.

Essentials of Removable Partial Denture Prosthesis. By OLIVER C. APPLEGATE, D.D.S., D.D.Sc., F.A.C.D., Professor of Dentistry, School of Dentistry, University of Michigan. Second Edition. Philadelphia and London. W. B. Saunders Company, 1959. Pp. 364. *Price* 98*s*.

This new edition differs so essentially from its predecessor in the manner of its presentation that one might almost be excused at a first casual glance for thinking it to be the work of an entirely different author. Dr. Applegate has very wisely abandoned the formal style of his first edition which made it difficult and even at times irritating to read, in favour of a descriptive essay style which is so well done that it would be difficult to find a more readable textbook. The presentation has been further vastly improved by some rearrangement of the sequence and layout, by the introduction of many new and excellent illustrations and, by no means the least important factor, and first-rate printing and paper.

Dr. Applegate stresses throughout the very real importance of the tissues which are to resist the masticatory loads even to the extent of taking them into consideration in his suggested Applegate Kennedy classification. This classification does not appear to be a great improvement over the simple Kennedy classification which I feel it is unlikely to supplant in general use.

There are so many first-class chapters in this book that it is difficult to pick out any of special merit, though perhaps those on the use of the hydrocolloid impression materials and on treatment planning and mouth preparation deserve special mention. On the other hand the chapter on the thiokol impression material might almost have been omitted, consisting as it does almost entirely of the difficulties encountered with this material, without including a technique for overcoming these difficulties. Other rather disappointing sections are those on survey-

ing, where rather too much importance is attached to the use of tilting the model as an aid to retention, and on denture design where there is no systematic approach to the problem.

Altogether this is a book which can be strongly recommended, bearing in mind its limitations from the English practitioner's point of view. To quote Dr. Applegate "The term partial denture should be retained to indicate, solely, the removable dental prosthesis which one or more free-end bases and which, therefore, receives its principal support from the ridge structures" which means of course that this book is almost entirely confined to Kennedy Class I and Class II dentures.

H.B.F.

SPORT

BLUES AND HALF BLUES, 1959

The following awards have been made by the Blues' Committee, and approved by the Clubs' Union Council :—

Athletics	D. B. Wates	Half Blue
Cricket	A. Leigh-Brown	Full Blue
	R. Juniper	Full Blue
	Z. Cader	Half Blue
	G. W. Cook	Half Blue
	I. Gibson	Half Blue
	T. Huins	Half Blue
	R. Myall	Half Blue
	P. Sievers	Half Blue
	R. Tanner	Half Blue
Fencing	D. R. Harvey	Full Blue
Golf	T. G. Tetlow	Full Blue
Lawn Tennis	M. Blake	Full Blue
	M. Mitchell	Full Blue
	R. Rose	Full Blue
Rifle Club	K. M. Pilcher	Full Blue
	A. R. Lynch	Half Blue
	D. Boulton	Half Blue
Sailing	J. Williams	Full Blue
	P. Bloor	Half Blue
	R. Heeth	Half Blue
	J. Maile	Half Blue
Swimming	R. Westlake	Full Blue

Hospitals' Cup Match

Semi-final: Guy's v. St. Thomas's

Result—Lost 11-3

This was indeed a sad day for Guy's. It was disappointing that the very factors responsible for Guy's convincing win over Westminster, namely, the team's co-ordination and good handling, were conspicuous by their absence against St. Thomas's. It would be fair to say that St. Thomas's won through a combination of their own determination and Guy's mistakes.

The Guy's forwards found the St. Thomas's pack a tough proposition and on the whole came off second best in the exchange, in spite of Treadwell's obvious hooking superiority. The backs showed little real penetration and were forced into far too many handling mistakes by the quick marking of the St. Thomas's back-row and their three-quarters, so much so, that they lost their rhythm and scoring ability.

From the kick-off, Guy's mounted the first attack and Bryant kicked for touch. But a fine touch-kick by the St. Thomas's scrum-half lost Guy's the advantage. St. Thomas's continued on the offensive and Biggs saved a dangerous situation with a fine mark from a cross-kick. Play continued inside the Guy's half and Blackwell made a good

break from the loose, but was unable to link-up. St. Thomas's maintained their territorial advantage and a series of scrums on the Guy's line resulted in a penalty to St. Thomas's when the scrum eventually collapsed. The penalty failed. A further series of loose mauls on the Guy's line resulted in a penalty to Guy's and Nicholas made his one mistake in the game when he failed to find touch. For the remainder of the game he played with assurance and saved several difficult situations. A further penalty to St. Thomas's resulted in a score. St. Thomas's continued to command the play and the pressure was temporarily relieved when Ivanans found a good touch, but Guy's were penned in their own twenty-five. Once again they attempted to break out when Cooke took an inside pass from Murray breaking from the base of the scrum. This was followed by a promising three-quarter movement, but the St. Thomas's defence stood firm and they returned to the attack, scoring a fine try when their captain, Boggan, finding his way blocked on the blind side, changed direction to link-up with his three-quarters, who ran over with an overlap.

St. Thomas's were quickly up on the Guy's mistakes and Nicholas saved a certain try with a fine tackle and subsequently cleared with a penalty. The remainder of the first half consisted of several mediocre movements by both sides. The St. Thomas's fly-half proved particularly elusive, while Bryant made a good run in the centre.

The second half started with Guy's showing better handling and co-ordination and forcing St. Thomas's back into their own line. Their labours were rewarded with a successful penalty by Biggs, who had unfortunately pulled a muscle in the first half.

St. Thomas's remained unshaken and their counter-attack was checked by Buirski who made a fine clearance. The game resolved into a series of thrusts and counter-thrusts. The St. Thomas's forwards showed great fire in the loose and were quickly up on the man with the ball. In the line-outs the front-row particularly gave a stout performance and Guy's consistently lost ground. There were fine individual efforts on the Guy's side. Nicholas fielded the ball well and found a good touch on several occasions. Biggs produced several fine pieces of covering and some dash on the wing. Leyshon gained thirty yards with a kick-ahead and run along the touch-line. Lloyd-Edwards showed great determination and was conspicuous in the loose. The result of the game was finally left in no doubt when a weak pass inside the Guy's twenty-five was intercepted by a St. Thomas's wing-forward who scored under the posts. The sands of time had run out for Guy's. Nevertheless all praise must go to Barry Blackwell whose drive and personal example on the field have contrived to produce a side that was quite capable of winning the Cup. Well, they beat Aberavon anyway !

LADIES' HOCKEY

The Ladies' Hockey team has recently played three matches and the results of these are :

v. Westfield College, away, lost 7-1.
v. Metropolitan Police, away, won 8-0.
v. Westfield College, home, won 5-0.

The teams were chosen from the following :

C. Gladstone, H. Stagg, S. Larkin, E. Ward, P. Maher, H. Scott, J. Crawshaw, J. Sutcliffe, B. Williams, R. Williams, I. Jensen, J. Lawrence, D. Grant.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited from Registered Dental Practitioners for the post of **Registrar in the Department of Preventive Dentistry,** with attendance on 3 sessions per week. The appointment will date from 30th May to 30th September, 1960, in the first instance. Forms of application are obtainable from, and should be lodged with, The Superintendent, Guy's Hospital, S.E.1, not later than **Friday, 11th March, 1960.**

GUY'S HOSPITAL, MAUDSLEY HOSPITAL AND THE SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for appointment as **Senior Registrar in Neurosurgery.** The appointment will be made jointly by the bodies concerned and will be held alternately at the Regional Neurosurgery Centre at the Brook Hospital and at the Guy's Maudsley Neurosurgical Unit. The appointment will commence on the 1st June, 1960, and will be subject to annual renewal.

Applicants should have had Registrar experience in Neurosurgery and should have a higher surgical qualification.

Apply to the House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5, for form of application returnable by **12th March, 1960.**

GUY'S HOSPITAL
HOUSE APPOINTMENTS

1ST MARCH, 1960

Assistant House Surgeons

To :

Mr. Blackburn	Mr. M. I. S. Keir
Mr. Lawrie	Mr. D. R. Harvey
Mr. Glover	Mr. J. R. R. Spurrell
Mr. Brain	Mr. R. G. Bury

Appointed for six months, the first 3 *as A.H.S.*

Assistant House Physicians

To :

Dr. Douthwaite, Dr. Baker and, Dr. Joiner — Mr. D. A. Reynolds

Appointed for six months, the first 3 *as A.H.P.*

Dr. Boland, Dr. Houston and, Professor Butterfield (Male Patients) — Mr. A. H. Abrahams

3 *months*

Dr. Mann, Dr. Kauntze and, Professor Butterfield (Female Patients) — Mr. K. E. F. Hobbs

Appointed for six months, the first 3 *as A.H.P.*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. — Mr. D. J. Fishlock

Appointed for six months, the first 3 *as A.H.P.*

Casualty Officers

Mr. J. A. Dyde, Mr. D. N. Landon, Mr. G. M. Preston, Mr. C. J. Rowland, Mr. E. K. M. Smith — 3 *months*

House Surgeons

To :

Mr. Massie	Mr. J. M. Dawson
	6 *months*
Mr. Eckhoff	Mr. M. D. Sanders
	3 *months*
Mr. Atkins	Mr. J. J. Maher
	6 *months*
Mr. Wass	Mr. B. W. Jones
	3 *months*

House Physicians

To :

Dr. Douthwaite, Dr. Baker and, Dr. Joiner — Miss M. R. H. Webb

6 *months*

Dr. Boland, Dr. Houston and, Professor Butterfield (Male Patients) — Mr. D. Denis-Smith

6 *months*

Dr. Mann, Dr. Kauntze and, Professor Butterfield (Female Patients) — Mr. J. A. Wall

3 *months*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. — Mr. P. T. Whitehead

3 *months*

Resident Obstetricians

1.11.59—30. 4.60	Mr. D. J. Smith
1. 1.60—30. 6.60	Mr. R. G. Hornung
1. 3.60—31. 8.60	Mr. I. G. Chisholm
1. 5.60—31.10.60	Mr. C. J. Hunter-Craig

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Mr. R. Cook	3 *months*
Mr. I. W. Jones	3 *months*

Throat and Ear and Ophthalmic House Surgeon

Mr. K. I. Mackenzie

3 *months at Guy's followed by* 3 *months at New Cross*

Mr. J. Wolfle

3 *months at New Cross*

Dermatological House Physician

Readvertised

Neurological House Surgeon

Mr. J. S. Cameron — 6 *months*

Genito-Urinary House Surgeon

Mr. R. G. Notley — 3 *months*

House Surgeon to the Thoracic Unit

Mr. B. A. Ross — 3 *months*

Children's House Physicians

Miss A. P. John	3 *months*
Mr. D. A. Wright	6 *months*

Children's House Surgeon at the Evelina Hospital

Mr. R. H. S. Mindham — 3 *months*

House Physicians in the Department of Experimental Medicine and Resident Junior Clinical Pathologists

Mr. D. N. E. Myers	3 *months*
Mr. B. S. Meldrum	6 *months*

R.M.Os. in Nuffield House

1.12.59—31.5.60	Mr. G. B. Clinton Jones
1. 1.60—30.6.60	Miss A. T. Piesowicz

House Physicians in the York Clinic

1.4.60—30.9.60	Mr. I. G. Christie
1.4.60—30.9.60	Mr. S. Gold

Resident Anaesthetists

1.12.59—31.5.60	Mr. H. C. Evans
1.12.59—31.5.60	Mr. J. A. Clement (S.H.O. New Cross)
1. 3.60—31.8.60	Mr. S. R. Williams (S.H.O.)
1. 3.60—31.8.60	Mr. J. Hellewell

NEW CROSS HOSPITAL

House Surgeon (General Duties)

Mr. R. A. Lewin

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon (General duties with Gynaecology)

Mr. J. H. Hackwood

House Surgeon (with Casualty Duties)

Readvertised

PEMBURY HOSPITAL

House Physician (1st April, 1960)

Mr. D. Pickering

JOYCE GREEN HOSPITAL

House Physicians

Three vacancies readvertised

ORPINGTON HOSPITAL

House Surgeon (General Duties with Gynaecology)
Mr. A. P. Lees

House Surgeon (General Duties with Ophthalmology)
Mr. M. J. S. Coe

House Surgeon (General Duties with Orthopaedics)
Mr. J. K. Smallshaw

HITHER GREEN HOSPITAL

House Physician
Readvertised

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon
Readvertised

PASS LIST

SOCIETY OF RADIOGRAPHERS

M.S.R. Part II—November, 1959
Miss B. Lauder
Miss S. Hingston
Miss L. S. Jones
Miss J. M. Machell
Miss D. M. Bodle

M.S.R. Part I—November, 1959
Miss S. Wallace
Miss A. M. Pillinger
Miss S. J. Cook
Miss V. C. Smith
Miss M. A. Evans

NURSING NEWS

Entered :
Sister S. Parry to *Victoria.*
S/N M. Heath to *Theatres.*
S/N A. Chopping to *Relief Duties.*
S/N C. Richards to *Theatres.*
S/N R. Southey to *Theatres.*
N/N D. de Mallet-Morgan to *Victoria.*

Left :
Sister M. Power, *Astley Cooper.*
S/N M. Cannon, *William Gull.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been poted in this column are asked to send the Editor netails of their publication.

Kennedy, G. C., Parker, R. A. and others. Renal Disease and Secondary Potassium Depletion in Ageing Rats. *Quart. J. exp. Physiol.*, 1960, **45**, 82.

Kennedy, G. C. and Parker, R. A. The Influence of Age on the Acute Renal Effects of Cortexone and of Dietary Potassium Depletion in the Rat. *Quart. J. exp. Physiol.*, 1960, **45**, 77.

Lessof, M. H. and others. The Heart in Systemic Lupus Erythematosus. *Brit. Heart J.*, 1960, **22**, 1.

Nissim, J. A. Reduction of Intestinal Absorption by a Synthetic Chemical. *Nature*, 1960, **185**, 222.

Robin, Ian G. Pharyngeal Diverticula. *Med. Pr.*, 1960, **243**, 99.

Robinson, A. D. Colour Photography in Dentistry. *Brit. dent. J.*, 1960, **108**, 121.

Rowe, N. L. The Aetiology, Clinical Features, and Treatment of Mandibular Deformity. *Brit. dent. J.*, 1960, **108**, 97.

Swiss, R. G. The Dental Health Service. *Brit. dent. J.*, 1960, **108**, 91.

White, Richard H. R. and another. A Single-Dose Treatment of Threadworms in Children. *Lancet*, 1960, **i**, 256.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 1s. extra.
Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

Required

SIMPLE MICROSCOPE (any age, any condition) suitable for young schoolboy. Will collect within easy reach of London. Box 216.

DENTAL NURSE/RECEPTIONIST. Vacancy for Guy's S.R.N. commencing Easter. 40 hour week. Telephone St. Albans 53579.

For Sale

ELMQVIST JUNIOR ELECTROCARDIOGRAPH. Excellent condition. Seen London. £65. Box 217.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

Professor Michael J. Blunt, The University of New South Wales, Post Office Box 1, Kensington, Australia.

Ian S. MacLeod, M.B., B.S., 254, Payneham Road, Payneham, South Australia.

Paul Reynolds, L.D.S., Keldwith, Ambleside, Westmoreland. Tel. 2333.

D. Orme-Smith, B.D.S., 1, Foley House, Upper Bognor Road, Bognor Regis, Sussex.

BIRTHS

BEALE.—On 29th January, 1960, at Nuffield House, to Rosemary (née Harbrow), S.R.N., and Alan John Beale, M.D., a daughter (Elizabeth Anne), a sister for Nicholas.

HARRIS.—On 14th January, 1960, at Derwent, Fernhurst Gardens, Bognor Regis, to Carol (née Gossage), S.R.N., and Peter Harris, L.D.S., a son (Philip Andrew), brother for Neil and John.

PALLISER.—On 11th February, 1960, at the Royal Hampshire County Hospital, Winchester, to Jean (née Robinson), and Roger Palliser, L.D.S., a daughter (Sarah Ann).

TURNER.—On 27th January, 1960, in Marazion, Cornwall, to Diane (née Vellenoweth), S.R.N., wife of Lt. Clive Turner, R.N., a son (Guy Simon Mark).

WOOD.—On 9th February, 1960, at Lewisham Hospital, S.E.13, to Anne (née Costello), and John R. Wood, M.B., B.Chir., a daughter (Annette Mary), a sister for Monica Jane and Nichola.

DEATHS

DRYLAND.—On 2nd February, 1960, Gilbert Winter Dryland, B.A., M.B., B.Ch., of Kington, Herefordshire, aged 78 years.

NORRIS.—On 9th February, 1960, Patrick Salmon Norris, D.R.C.O.G., of 62, Wimpole Street, W.1.

EDS. {J.A.W. D.N.L.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1869 12*th March* 1960 *One Shilling*

PASSIM

THE Students' Union deserves the greatest praise for its efforts in starting a collection in the Hospital for the benefit of the relief organizations involved in the World Refugee Year. It is perhaps but natural that the survivors of such sudden calamities as the recent earthquake in Agadir, or the flood which destroyed Fréjus, should receive, if not more sympathy, certainly more material benefit from the relief funds which are started on their behalf, than the millions who still remain refugees fifteen years after the end of the second world war. The problem is so enormous that it is tempting to imagine that the contribution which any one person can make is so minute as to be insignificant; and time alone will soothe even the most tender social conscience. The Students' Union are well on their way to their second £100, a sum that will bring some relief from physical suffering to not a few fellow human beings; they, and the refugees of this world need *your* active help.

It is good to have Mr. Eckhoff's most interesting letter about the Hospitals' Cup and Royal patronage in the days of King George V. Guy's men will be particularly pleased that it was through Mr. Eckhoff's and Mr. C. H. Edney's initiative that Prince Philip agreed to attend this year's Final. We are glad that His Royal Highness saw a good game, and we congratulate St. Thomas's, who defeated us in the semi-final, upon their victory by 8 points to nil against the London.

A fortnight ago we mentioned the Civil Defence exercise "Cascade", in which a large number of casualties were evacuated from the scene of a "disaster" in Tooley Street, many being received in Guy's. Lord Cunliffe has been so kind as to send us a copy of a letter, which appears on another page, relating to the evacuation of Guy's itself following the extensive damage to the Hospital sustained during the *blitz* in December, 1940.

We are very sorry indeed that Miss Ivy Delamare is retiring this week as Secretary to the Superintendent, after 40 years at Guy's. She will be very much missed, and we associate ourselves cordially with Mr. Doherty's good wishes to her in her retirement.

Now that the Guillebaud committee has published its findings, and its report has taken its place in the queue of those awaiting parliamentary approval, may we hope that its pressure, so to speak, from behind will speed consideration of the recommendations of another Royal Commission.

We were very pleased to hear that Nurse J. Lovegrove, recently A.S.N. on *Addison* ward, has just flown out to join the Red Cross unit in Morocco which is assisting in the rescue work following the earthquake last week.

We are grateful to Dr. H. M. Worth, who has drawn our attention to Professor Martin Rushton's recent distinction, in being awarded an Honorary LL.D. at Toronto. This is a signal honour.

Guy's required the service of the local Fire Service last week when a small fire broke out in the Chemistry department of the Medical School. This was quickly and efficiently controlled by the staff and students, but the presence of the three Fire-engines in the Park was reassuring. A letter from Professor G. A. D. Haslewood is printed on another page.

Thursday saw the Gala Premiere of "Gethsel," the play by Martin Bax, and performed by the Guy's Theatre Club, of which a short preliminary notice appeared in our last issue. The Play, and its producer J.-P. Voos, earned Guy's its second mention in the evening papers last week. We hope to publish a critical review of "Gethsel" in due course.

GUY'S DIARY

MARCH			Exhibition. *Post-Operative Chest Complications.*
14th	M	5.30 p.m.	Dr. Thomas. Endocrine Demonstration. Physiology Theatre. *Disorders of Testicular Function.*
15th	T	1.00	Dr. Crisp. Clinical Lecture. *Disc Lesions and Other Causes of Pain in the Back.*
17th	Th	1.00	Mr. Cook. Clinical Lecture. *The Swollen Optic Disc.*
18th	F	1.00	Dr. Kauntze. Clinical Lecture. *Fluoroscopy of the Heart.*
21st	M	1.00	Dr. Deuchar. Clinical Lecture. *Living with Heart Disease.*
22nd	T	1.00	Mr. Eckhoff. Clinical Lecture.
24th	Th	1.00	Dr. Fry. Clinical Lecture. *A Day in General Practice.*
25th	F	1.00	Mr. Brain. Clinical Lecture.
25th	F	1.00	Mr. Thompson. Dental Clinical Lecture. *The Management of Difficult Conservative Dentistry.*
26th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
28th	M	1.00	Dr. Baker. Clinical Lecture.
29th	T	1.00	Mr. Clarkson. Clinical Lecture.

AN APPRECIATION

MISS IVY DELAMARE

Miss I. Delamare retires from her post as Secretary to the Superintendent on the 9th March after 40 years' loyal service to the School and the Hospital. She joined the staff of the Medical School in September 1920 as Secretary to Professor T. B. Johnston who had recently been appointed Dean. At that time Mr. Croucher was Secretary of the Medical School and Mr. J. H. E. Winston his assistant. She remained in that responsible post some 18 years, but when in 1938 Prof. Johnston was appointed Superintendent, he had come to rely on her so much, that he took her with him to the Superintendent's office and she had to start learning the administration of the Hospital instead of the School. But worse was to come: a year later the second world war broke out and Prof. Johnston was appointed *Group Officer to the S.E. Region E.M.S.* and set up his headquarters at Orpington. Here again Miss Delamare accompanied him and acted as his right hand until 1945 when they both returned to an almost derelict Guy's with most of the staff still away. The next three busy years were spent in getting the Hospital going again and her long partnership with Prof. Johnston was ended by his retirement in July 1948. She has continued to give the same loyal service as Secretary to two further Superintendents during the last 12 years.

To quote from the *Daily Express*, "To be the perfect Secretary one has to be some strange combination of ministering angel, strong armed guard and mother". This in fact is just what Miss Delamare was to her three "bosses". Nobody got through to them on the telephone or gained entrance for an interview if she could deal with the problem, and she generally could. But she was also Mother to many members of the staff, past and present. They brought all their problems to her and she told them when they needed a holiday, and if one had a bad cold she sent him home to bed with a prescription collected from the Dispensary and a deputy arranged.

I met a senior member of the Staff in the Hospital grounds when I was Superintendent, and he asked me what I wanted to see him about. I couldn't think of anything, but he said "I got a message to to go the Superintendent's office before I went home". I realised that Miss Delamare wanted to see him about some matter and he was quite happy.

There are not many secretaries who get on such terms with members of the Staff. May she have a long and happy retirement, she has deserved it well.

W.D.D.

The Quodlibet Society

There was a meeting of the Quodlibet Society on 2nd March. The guest was Mr. N. F. Simpson, author of the current surrealist play "One Way Pendulum." Mr. Iain Hanham was in the chair.

The subject of Mr. Simpson's talk was "The Borderline between Wit and Madness." Mr. Simpson is not as perilously close to the borderline as many of his contemporaries, and he gave an interesting account of the theory of humour. The discussion was lively, but fortunately the temptation to illustrate points by funny stories was bravely resisted.

THE RESIDENTS' PLAY, 1960

"BLUE GENES"

or

THE MECHANICS OF SUCCESS

by

JAMES WILLIS

Produced by Stewart Cameron

The Residents' Play, taking place every February, at the end of the winter, has become to us dwellers in the man-made dinginess of the Borough the earliest intimation of Spring, a kind of theatrical snowdrop, which comes up year after year in a brief blaze of unremembered glory, only to fade again from memory within the passage of a few weeks.

Taking our seat in the padded luxury of the Physiology Theatre, and awaiting the somewhat dilatory raising of the curtain on the first scene, we recall the annual labour that makes the play possible year after year. Back to our memories come the anguish of writing the play, the long, nightly vigils in the College, when not an idea would pierce our mental darkness, when three hours' concentration would produce only half a page of insipid dialogue, destined for the waste-paper basket the next morning. The long grind of rehearsals, the bullying and cajoling of housemen, often shy but always temperamental, to remember their lines, to turn up on time, to come in on the cue; the devastation of the cast by influenza or College tummy, and the other hundred and one hindrances, annoyances and frustrations combine to inflict on author and producer such severe psychological trauma that they are never quite the same again. There is something about the lines round the mouth or the eyes that betrays them, as having been tried in the fire. The Editor knows that only a man who has himself passed through these torments is sufficiently versed to form a just opinion of the play, and therefore he invited us, as ex-author and producer of the play in the distant past, to act as critic.

One never asks of the plot, but rather "Who is being *done* this year?' We remember plots so diabolically involved, that their unravelling occupied the whole period of the play; there have been others so complicated that the authors, despairing of being able to resolve them in anything shorter than a week, have employed an explosion to cut the miserable thing short. The plot of this play is reasonably simple. After discussing it with several quite intelligent members of the audience, we concluded that it consisted basically of a villainous plan by an eminent but unscrupulous endocrinologist to abduct the heroine in order to convert her to the masculine gender. The sub-plot was rather more obscure: we think that the Professor of Experimental Medicine was attempting to hinder the smooth running of the York Clinic by setting up an electro-magnetic field round the building and so causing alarm and despondency in the ranks of the psychiatrists. The reason for doing this we could not quite understand, but we were all agreed that it was a wholesome and quite justifiable thing to attempt.

Act 1: Scene 1 opened against a really magnificent backcloth of stairs and arches; from the programme we gather that we are witnessing the Matron's Ball. The gentlemen and ladies of the chorus, of course, housemen and nurses in full uniform, burst into song. . . .

MATRON'S BALL

It's Matron's Ball tonight, Hurrah, Hurrah, Hurrah,
It's Matron's Ball tonight, and that is where we are
There's gay frivolity, merry jollity
And lots of blancmange and sex. Hurrah.

It's Matron's Ball tonight, and this is our début
It's when we all unite to see who is with who
We'll be sideways glancing as we are dancing
Seeing who is wearing what. Hurrah.

It's Matron's Ball tonight, I feel a Fairy Queen
And I've a man in sight—Oh Gosh—he is a dream,
He's ever so nice; he's said "Hello" twice
In the urine testing room. Hurrah.

Will she, won't she, will she, won't she,
Grant an hour's extension?
Will she, won't she, will she, won't she?
You can feel the tension
Honestly, I'd feel so rotten
Golly, it would be the bottom
If the old girl had forgotten
And gone off to bed!

It's time for Hokey Koke in Nuffield Sitting Room
And then for Scottish folk there'll be an eightsome soon
If your man's not about, there's space to sit out
On the dining-room hot plate. Hurrah.

It's Matron's Ball tonight, our hopes are very high
Romance for all tonight, beneath the winter sky
When music becomes soft, my plan should come off—
My lipstick won't (just in case). Hurrah.

It's Matron's Ball tonight, the Music's never slow
The band is hep tonight, so GO MATRON GO!
A Consultant's dancing may be entrancing
But let's have some rock and roll. Hurrah.

Will she, won't she, will she, won't she,
Grant an hour's extension?
Will she, won't she, will she, won't she?
You can feel the tension
Honestly, I'd feel so rotten
Golly, it would be the bottom
If the old girl had forgotten
And gone off to bed!

It's time to go and dance, hurrah what magic bliss
And we won't waste the chance, there's lots we mustn't miss
There's gay frivolity, merry jollity
And lots of blancmange and sex.

Just as the curtain falls, a hideous figure, dressed all in black and complete with cowl drawn over its head, swoops on our heroine, Nurse Ann Urotic and bears her screaming away to his secret lair. Here we would like to say how glad we were to see the heroine again played by a man. However charming some of our lady housemen have been in the part of heroine, it never seemed to accord with the Saturnalian tradition of past plays, and we are glad to see this return to the old fashion. Archie Type, a house physician, played by Mr. K.

Smith, was an acceptable stock model of hero, handsome and possessing an agreeable singing voice. Mr. D. Smith gave us a most attractive heroine, a thoroughly womanly woman and we were not surprized that Dr. Bashup, the villainous endocrinologist, had picked on her for his dastardly experiments.

Scene 2. We see here the Director's office in the Department of Surgery. The secretary, played by Mr. Wolfle, a ravishing delicate slip of a thing with an auburn shock of hair, is taking dictation from Mr. Dedley - Ratkins. Mr. Clinton-Jones played this part well; he has the physique and he managed to convey the bland and benevolent air, so typical of the character.

Others enter. Mr. Blackpool, a surgeon, played by Mr. Ross, provided some of the best caricature of the evening, particularly in the imitation of voice and gesture.

Miss Preston, Mr. Notley . . . .

THE SURGEONS' SONG (BLACKPOOL & RATKINS)

The night is young, the party hot
When you invited us you got
The pick of the bunch, the cream, the lot.
You've never had it so good, so good
You've never had it so good.

Of Surgery we've seen and done
Ten times as much as any one
That goes too for the yarns we've spun.
We've never had it so good, so good
We've never had it so good.

We've just come down from the R.C.S.
Their Christmas draw—a frightful mess!
Who scooped the pool? Well, can't you guess
We've never had it so good, so good
We've never had it so good.

Kinder has joined Kilp, you know
He really makes the waters flow
By operating down below,
He's never had it so good, so good
He's never had it so good.

We operate from ten to four
Sister has laid down the law
And then we're told to do no more.
She's never had it so good, so good
She's never had it so good.

Donald Ross has a new machine
He's lent it out to the second team
Sir Russell's face is rather green

He's never had it so good, so good
He's never had it so good.

Charlie Joiner's on the staff
He rarely makes his housemen laugh
He always fills his bed—not half!

He's never had it so good, so good
He's never had it so good.

The shortage of our nurses here
The Daily press has got to hear
We'll hand out the bed-pans soon, we fear

We've never had it so good, so good
We've never had it so good.

A saying of this Welfare State
"I'm all right, Jack" we deprecate
But in conclusion, we're bound to state

We've never had it so good, so good
We've never had it so good.

Dr. Hoodwink, a physician, was immediately recognizable both for his appearance and for the rich and sonorous voice of the original, and Mr. Hunter-Craig is to be complimented on this feat of vocalization. Dr. Baffle-Dark, a psychiatrist, had the lion's share of the play. Mr. Christie who took the part had the advantage of a striking physical resemblance to the original and had, we guess, raided the latter's wardrobe for fancy socks and waistcoats. In spite of these advantages, his voice and manner perhaps lacked a little of that ebullience which we have come to expect from our television father figure. Mr. Dyde

was excellent in playing Professor Buttercup; both in appearance and voice he was able to give a close imitation and subtle caricature. All these characterizations, often the basis on which the merit of the play is judged by the groundlings, were very well done: there was sufficient exaggeration of mannerisms and foibles to make for good-natured laughter, but, we were glad to note, singularly little malice was allowed to creep in.

Blackpool, Ann, Baffle-Dark
(Messrs. Ross, D. Smith, Christie)

BAFFLE-DARK'S SONG

Psychodynamic-wise les jeux sont faits
Adler's old hat, Freud out of date
The fashions are changing, the bandwagon gone
And if things should get out of hand
Just call on Ross Ashby to give you a fix
In language we all understand.

Stabilize your system, your ultra-stable system
Make the integration without pain
Sort out the information and save the situation
Reformulate the feedback in the brain.

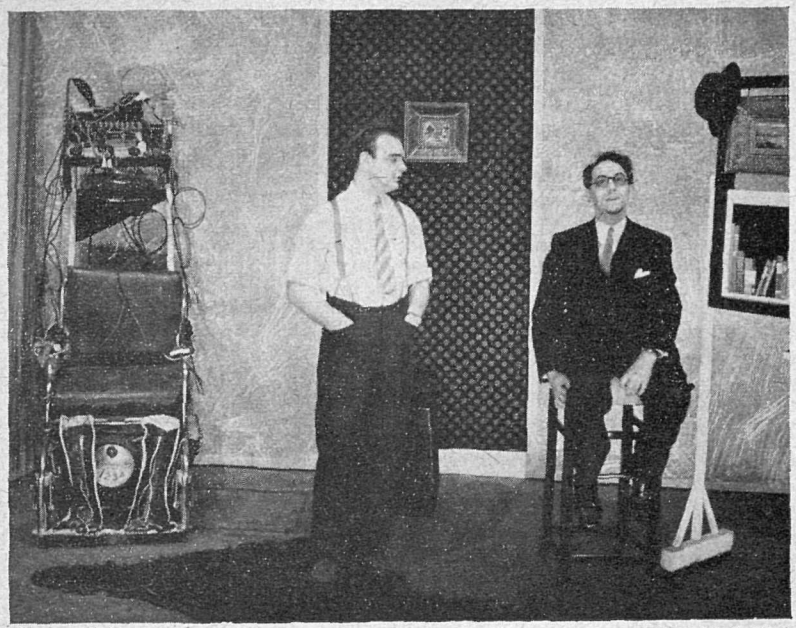
There's a stream of information, in need of correlation
And an ultra-homeostatic servo-mech.
Norbert Wiener knows it, and quite definitely shows it's
In the cortex of genus Homo Sap.
All the chaps whom I wot of that I really think a lot of
Have given up the couch and all that lark
Bought a book on Cybernetics instead of Dianetics
And left the counter-transference in the park

Stabilize your system, your ultra-stable system . . .

So whether your system is open or closed
And your engrams won't reverberate
The answer to your ill's not tranquillizing pills
Or even passing shocks across the pate.

Stabilize your system, your ultra-stable system . . .

Eniac and Univac and even ancient Hollerith
Will put us out of business in the end
So if you're being therapized
Or abreacto-analysed
Or puffing CO_2 into a bag,
The answer, do not shirk it, the answer's in the circuit
That is the end, my friend.



All photos by) *(Mr. M. S. Wirk*

Buttercup and Hoodwink (Messrs. Christie and Hunter-Craig).

PROFESSORMANSHIP (Buttercup, with Hoodwink and Baffle-Dark)

The step from Sir to Professor
Is a large one, I profess
But privately I do confess
I don't know what my job is
I'm looking
I'm looking for something
A special something: it needn't be old, it needn't be new
I've got to look as if I'm looking and as if I'm working too
Because I'm looking for . . . something to do.
He's looking
He's looking for something.
A special something, it's bound to be great, it's bound to be true
And from the way in which he's looking, it's apparent to us two
That he is working on . . . something that's new.

I ruffle
I ruffle my hair now
In careful disorder, it's never too short and attracts quite a few.
It adds a sort of industrious touch, and impresses you know who
When I'm looking for . . . something to do.
It's ruffled
His hair is all ruffled
A notable sign that he's thinking hard and suffering too.
And from the way in which he's frowning it is easy to construe
That he is bound for . . . discoveries new.

My language
My language is different
It must be different, so they can't follow my "cellular view"
I fear to talk in normal terms, for the reason I told you
I'm really looking for . . . something to do.

His language
His language is great and
He does his thinking in cellular terms and at a fast rate
Since we don't know what on earth it means, we are sure we can state
That he's discovered—well . . . something that's great.

I'm looking
I'm looking for something
He's looking inspired, it's not surprising, a discov'ry's due.
And whilst we watch him, we can visualize a new epoch in view
And he discovers—well . . . something that's new.

Then enters Dr. Keith Stripsem, a forensic pathologist, played by Mr. Williams, with the dry, steely courtesy and the precise, clipped voice, exactly copied from nature. The physical resemblance was not striking, but voice and manner were unmistakable.

KEITH STRIPSEM'S SONG

I was beating my chops with a bunch of the cops
When a junior constable cried
Tell us, Sir, do, have you got a clue?
With icy politeness I sighed

Grease up the goofballs cry the snatchers
Fill up your helmet with gin
When Stripsem is nigh, crooks mind your eye
For Bird is the wages of sin.

My answer was brief and I fancy succinct
Young Man, I replied, You're a clot,
If you listen quite carefully with copious notes
You'll find that I have quite a lot.
Grease up the goofballs cry the snatchers
Fill up your helmet with gin
When Stripsem is nigh, crooks mind your eye
For Bird is the wages of sin.

When called to the scene of a crime Passionel
I've found by experience hard
The first thing to do if I'm stuck for a clue
Is to send out a call for the Yard
Grease up the goofballs cry the snatchers
Fill up your helmet with gin
When Stripsem is nigh, crooks mind your eye
For Bird is the wages of sin.

In the witness box once I was asked by the Judge,
In the case of a murderous brute,
Was my evidence fact or opinion or what
My Lord! I replied, It's the truth!
Grease up the goofballs cry the snatchers
Fill up your helmet with gin
When Stripsem is nigh, crooks mind your eye
For Bird is the wages of sin.

So all of you con-men and grifters, et al
If you don't want to pay through the nose,
When Stripsem's around, we give you this tip,
Stripsem has clues and he knows.
Grease up the goofballs cry the snatchers
Fill up your helmet with gin
When Stripsem is nigh, crooks mind your eye
For Bird is the wages of sin.

Glossary— *Bird:* Gaol; *Grease Up:* Eat; *Snatchers, Pounders:* Policemen; *Goofballs:* Barbiturates; *Grifter:* Cheap Crook; *Beat the Chops:* Talk.

The third scene is laid in Professor Buttercup's Department of Experimental Medicine, but a great deal of groundwork of plan is laid in this and the previous scene, and results in a slowing of tempo, and lessening of dramatic intensity, so that by the interval we were beginning to find things going a little slow.

The second act, however, opened with a bang and never let go of our attention. The curtain rose on Le Cafard, a coffee house near

Mr. Davies, with Messrs. Notley, Wall, Holmes-Smith, Bull (Beats); Buttercup and Hoodwink (in disguise).

Lime Grove. Against a backcloth, extremely well designed and painted, of the usual Espresso decor, sat a group of young beats at a table. Not the least effective thing about this scene was their complete immobility throughout, so that they seemed to become integrated with the backcloth, part of the scenery. It was evidence of happy co-operation between the producer and the artists responsible for the design and painting of the scenery.

A hermaphrodite figure advanced to the footlights and gave us the best of many good songs of the evening, a Tudor madrigal, the "Lament of a Misfit".... Mr. Davies managed most successfully to portray the death-in-life appearance of this unnatural creature.

LAMENT OF A MISFIT
(with apologies to Henry VIII)

Alas, my glands, ye do me wrong
To treat me so discourteously
For now my nuclear sex is wrong
If I'm to function efficiently.
Androgens were all my joy
Now oestrogens are my delight
My chromosomes are those of a boy
But they made me a girl overnight.

I do not know what clothes to wear
Or whether to part or to perm my hair
Or whether to swim with my chest all bare
Or to give up my friends in the College.
Androgens were all my joy
Now oestrogens are my delight
My chromosomes are those of a boy
But they made me a girl overnight.

So then I sought Dr. Bashup's advice
My urine was tested on thousands of mice
They turned into something that wasn't quite nice
So they took me to William Gull Ward.
Androgens were all my joy
Now oestrogens are my delight
My chromosomes are those of a boy
But they made me a girl overnight.

I went to the top of the Medical Block
Where they looked at me closely and gave me a frock
I don't think poor Sister's got over the shock
She wondered which side to put me.
Androgens were all my joy
Now oestrogens are my delight
My chromosomes are those of a boy
But they made me a girl overnight.

Now I've a yen for big strong men
There are plenty more like me all over South Ken,
And Dr. Bashup exhibits me when
He speaks at the Royal Society.
Androgens were all my joy
Now oestrogens are my delight
My chromosomes are those of a boy
But they made me a girl overnight.

(*Encore*)
I've just remembered another verse,
I'm afraid this is one that we didn't rehearse
I once was a houseman, but now I'm a nurse
And it's altered my feelings toward Sister.
Androgens were all my joy
Now oestrogens are my delight
My chromosomes are those of a boy
But they made me a girl overnight.

The whole of the scene in "Le Cafard" was riotously funny and was the highlight of the evening's entertainment, though it was closely rivalled by the next scene, a television studio at Lime Grove. Here "Lifeline" is being shot and Dr. Baffle-Dark has brought with him to the camera Mr. Dedley Ratkins, who finds some difficulty in breaking through his host's domination of the screen. Inexplicably their broadcast is interrupted from "Commercial", and the scene closes on some confusion; but not before an excellent "forensic cha-cha" sung by Stripsem and Flamingo, foreshadowing the dénouement.

FORENSIC CHA CHA

I've a tale to tell
And as usual
I will tell it well—
It concerns Death.

It will soon be clear
There is cause to fear
The Grim Reaper's here—
Not this Café?

Death is in the air
We must walk with care
For there's mischief there—
Which we shall stop

It must be suppressed
Then at the inquest
We'll be in the Press—
A - non y - mous?

There'll be honours too
For both me and you
In the public view—
F.R.C.P. ?

Guy's will pay the price
For this artifice
And the sacrifice—
May well be me.

And when I am gone
You will hear anon
That I have passed on—
To a higher place.

I might find for you
A good job to do.
It would be quite new—
A De-tec-tive—

Please don't look askance
With that sideways glance.
It's a Cha Cha dance—
A cha cha what?

We had better stop
We must solve the plot
We are getting hot—
And also hep.

Tell the lot.
What's he got?

No! Yes. Great Scot!

You're so wise.
You surprise!

No! Where? At Guy's.

Wh-wh-what?
Gosh it's hot.

Stop! What? The Plot.

That's our aim
Thwart their game.

No! Oh? By name.

Not for me?
Jolly Dee.

Me? No, T.V.

Wicked Mob.
Just the job.

You! Me! Good God!

Keep alive!
Please survive!

Heav'n? No, M.I.5.

Just for me?
I'd agree.

Yes? No, P.C.

Does he know ?
Does it show?

Cha Cha By Jove.

Cha Cha Cha
Ah! Ha! Ha!

Hep! Yes. We'll stop.

By the beginning of the last scene, it is clear that the plot, increasingly obscure during the course of the play, has been finally allowed to die, though Archie laments his lost love :—

LOVE SONG

When I came to Guy's just a simple young man
I was callow and gauche and shy
The delight of the night when I first met my Anne
Has taught me the reason why.

She is fair, and her hair like a luminous mist,
About her neck softly doth tenderly play
And the prize of her eyes when gently she's kissed
Like shadows doth melt all my sorrow away.

Like a frozen rose is the bloom on her cheeks
Like a whisper the touch of her hand
And her voice doth rejoice me whenever she speaks
With the murmur of fairyland.

And the snow-like glow of her sovereign brow
Is haunting me, taunting me now when I sleep
Oh! The Hell that befell when she left me, and now
The well of my spirit is dry as I weep.

(Alas. You ass, while you linger around
You abandon me sure to my fate
Ah me! You see! I shall never be found
Get moving before it's too late.)

Oh Anne (What a man, but I love him you see
My bosom is riven with pain)
My love (Lord above—Shall I never be free
Till we are together again?)

Blackpool and Dedley join Archie and swear to hunt for Anne until she is found.

BATTLE HYMN

We are three honest men
You can say those words again
We are stalwarts, upstanding and true
We are armed to the tooth
And our weapon is truth
There's a helluva lot a group like us can do.

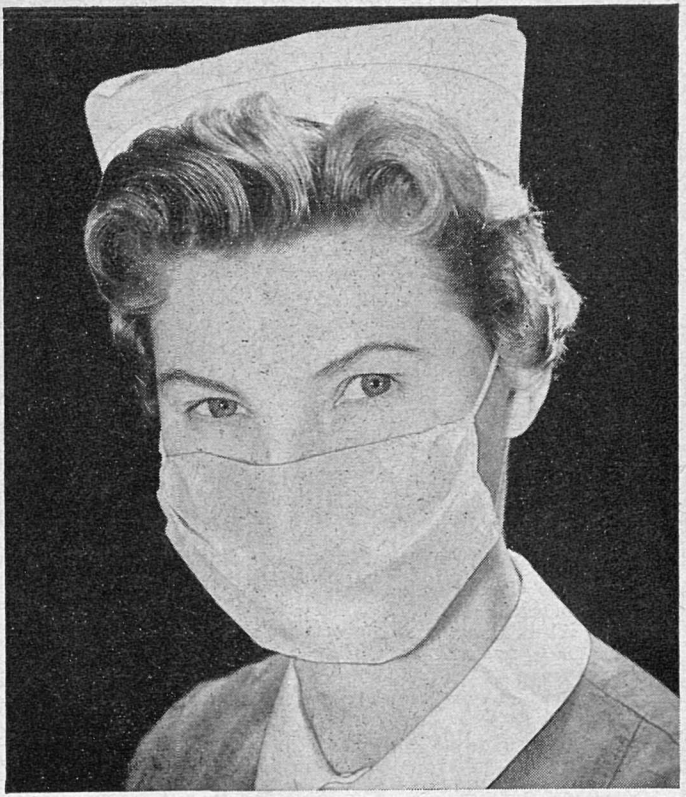
Not a stone will be unturned
Till her hiding place is learned
You will see what our method achieves
Using ultrasonic sound
She is certain to be found
And we'll keep a few tricks hidden up our sleeves.

We'll deliver Ann Urotic
Tho' she's scrawny tall and thin
And her voice is epiglottic
From whatever mess she's in
Nothing else would seem to matter—
(Tho' she's nothing great to lose
And she's much inclined to natter)
—but the patter of her shoes.

Give us one little clue
It's as good to us as two
For our brains are as keen as can be
From her antiseptic smell
We will find her dingy cell
And use the finest forceps for a key.

We'll dispel the charging horde
Be they on the governing board
Until nothing of the evening remains
Baffle Dark will hypnotize
Be delighted to incise
And I'll use a toffee apple for the stains.

Are you sure that she is perfect
Are her hormones not defunct
And her chromosomes in order
Do you know if they disjunct
Does she know her daily duties
Is her dancing rather strange
Are you sure her serum copper
Is within the normal range?



Robinsons' Disposable Face Mask

Robinsons of Chesterfield

invite enquiries for all types of

Surgical Dressings

They will gladly send you full information and price lists.

Robinsons, renowned for over 100 years for high quality products also manufacture:

"CESTRA" and STAG BRAND SURGICAL DRESSINGS
"MENE" and "MENEX" SANITARY TOWELS
MATERNITY OUTFITS
"PADDI" and "PADDI-PADS"
BABY TOILET PREPARATIONS

ROBINSON & SONS LTD · CHESTERFIELD & LONDON

Flamingo, Dedley, Stripsem, Baffle-Dark, Buttercup, Blackpool

We will look high and low
Where is she? I don't know!
There is something rotten somewhere in this state
Who would kidnap such a sweetie
It has broken every treaty
We won't rest, until at best
We know her fate.
We will march up and down
We'll search every hole in town
Notting Hill and Harley Street will see us there
We'll ask every crook and stoolie
And we'll even ask Tom Dooley
We'll discover if they've seen her anywhere.
She's as nervous as Minerva
She's as touchy as the Dean
But we swear that Ann Urotic
Is the sweetest thing we've seen.
Tho' her voice is nearly breaking
And her feet are rather flat.
She has every fellow quaking
And she's quite aware of that
She's a gorgeous little creature
Tho' she seems a trifle green
But we swear that Ann Urotic
Is the sweetest thing we've seen.

It is true that the heroine is restored to the arms of the hero, that the masked figure is unveiled and found to be Dr. Bashup, and that he is then placed in some kind of electronic barber's chair, though we could not see what effect the punishment had on him, except perhaps to make his lower lip droop even lower. Our hopes, that he would suffer punishment to fit the crime and so emerge from the chair a female, were unfulfilled.

There has not been space to mention all the songs and singers, though from the verses given, it is clear that great credit must go to the lyric writers, Messrs. Roy Meadows, James Willis, Tony Bron, and Geoffrey Davies. All were tuneful and catchy, thanks to Miss Anne Kenshole, and to Messrs. Tom Sherwood and Tony Bron, who were responsible for writing the music.

Smaller parts were played very well by Mr. Nurick as Dr. Flamingo, a psychiatrist, by Mr. Abrahams as a waiter of the most repulsive appearance and manner, by Mr. Gold as a reporter and by Mr. Denis Smith as a television producer.

The ladies of the chorus, Messrs. Wall, Holmes-Smith and Preston, maintained all the traditions of the Residents' Play by their nubility as well as their masculine bulk; the gentlemen of the chorus, Messrs. Sanders, Landon and Notley were adequately epicene in the part.

FINAL CHORUS

The villain's game has finished, he's
Contrite as he can be
He promises he'll never change
A he into a she
Nor will he do vice versa
Even Bashup will contend
That all good things must come to an end.

The plot has been unravelled and
The mystery's been solved
The little problems that we had
Have slowly been resolved
The only words remaining are
The wishes that we send
For all good things must come to an end.

You never need to worry if
They steal a nurse away
For all the Guy's resources
Will be gathered in array
To fight the grim invader, let
Him recognize the trend
For all good things must come to an end.

Whatever wisdom you have found
In what has gone before
That's all the wisdom you'll receive
Because we have no more
Now Archie can't escape from Anne
His solitude's condemned
For all good things must come to an end.

The dialogue was sparkling, a great credit to the author, James Willis, and the play was most ably presented by Mr. Stewart Cameron. We must not close this brief review without indicating our indebtedness to the Stage Manager, Mr. Chris Mallinson, who was also responsible with Miss Brook Wills for the design and construction of the scenery. To all the other hard working, sweating people behind the scenes we say "Thank you" though we know that their only real reward is to hear from back-stage the laughter and applause of the audience they have worked so hard to delight.

One and all we thank them for a most excellent Residents' Play. May the next one be as good!

P.V.R.

CORRESPONDENCE

Letters to the Editor of the Gazette

Exercise "Cascade"

From Lord Cunliffe

SIR,—In view of the recent Civil Defence exercise which took place I thought some of your readers might be interested in this copy of a letter I received from Dr. Bishop at the end of 1940.

Yours etc.,

CUNLIFFE, *Treasurer.*

Guy's Hospital, S.E.1.

GUY'S HOSPITAL, S.E.1.
SUPERINTENDENT'S OFFICE

Dear Lord Cunliffe,

I know you will be interested to hear of the damage which was done at the Hospital during the heavy raid on London on Sunday night. A large number of incendiary bombs were scattered over the Hospital early in the evening and shortly followed by 3 small high explosive bombs. One hit the East wing of Guy's House, partially demolishing *Evelyn* and *Naaman* wards. The patients occupying *Dorcas* were let off with a shaking. The second H.E. exploded underground in the region of the Linen Stores and Bakery and pushed up the floor of *Martha* and the roadway between Guy's Shop and the Dental Department. The third H.E. landed on the ground floor of the Dental Department facing into White Hart Court, and considerable damage was done to glass in the Dental Department, Hostel and porters' flats. We were, of course, completely surrounded by fires, and the roof of the College caught alight and the southern wing containing the reading room, dining room and the Spit was destroyed partly by fire and partly by water.

The warehouses immediately adjoining the College on its southern side caught and are actually still burning. Doyle's House was completely gutted. The remainder of Hunt's House caught fire and the deep therapy department was destroyed, the fire extending as far as the roof over the main staircase of Hunt's House.

We were fortunate to have only 3 minor casualties in the Hospital itself; all the patients were evacuated during the night and later the personnel was also evacuated to rest centres until the next morning. Entirely owing to the extremely efficient and active part played by everyone in the Hospital at the time, more damage was avoided. It was very striking to see the Hospital as a sort of oasis standing among the shells of the warehouses surrounding it.

I know how difficult it is for you to get away, but I should like very much to show you the extent of the damage when you can find a convenient moment to come and see us. I am addressing this c/o the Air Ministry because we haven't got your present address here and it is impossible to get to 12, Austin Friars by telephone.

Yours sincerely,

P. M. F. BISHOP,

Deputy Superintendent.

31*st December*, 1940.

The King and the Hospitals' Cup

From Mr. N. L. Eckhoff

SIR,—It does not seem to be generally known that Prince Philip is attending the Cup Final on Wednesday next, 9th March.

The story is as follows : King George V was a frequent (or annual) visitor to the Cup Final. Guy's who were usually in the final had a well organized rag committee, of which C. H. Edney was Chairman, immediately after the 1914-'18 war.

In 1921, owing to a slip-up between the Police and the Chairman of the Rag Committee, the path from the gate to the stand was not sufficiently cleared, and the King's progress was slightly impeded by boisterous students. At the end of the game the King presented the Cup to the Guy's Captain, W. D. Doherty. But, unfortunately, he never attended the match again.

Mr. C. H. Edney (now L.D.S.), has for years felt a personal responsibility in this matter, and has long hoped that royal patronage could one day happen again. He approached me and I in turn approached Mr. Alexander Law, President of the United Hospitals' Rugby Football Club, and through his efforts, Prince Philip has graciously promised to attend.

Before the game, a small group will be introduced to the Prince, including two past Presidents of the U.H.R.F.C., the Presidents of the London and St. Thomas's R.F.C., and Mr. Edney and myself.

It is just a little sad that Guy's did not reach the final this year.

Yours etc.,

N. L. ECKHOFF.

(You may find a photograph of Mr. W. D. Doherty receiving the Cup in the *Gazette* of 1921.)

Guy's Hospital, S.E.1.

Medical School Fire

From Professor Haslewood

SIR,—During the recent fire in this Department, things might have been much more serious had it not been for the prompt and vigorous help given, not only by members of the staff, but also by students. I would like to express the sincere thanks of this Department for the invaluable help which these gentlemen gave. The continuous supply of fire extinguishers, especially, allowed those fighting the fire to get it under control before the Fire Brigade arrived, and this undoubtedly saved us from the further damage that would have been done had it been necessary to use hoses. The School has reason to be grateful for the spirit shown by its students on this occasion.

Yours etc.,

G. A. D. HASLEWOOD.

Biochemistry and Chemistry Department,
Guy's Hospital Medical School, S.E.1.

Professor Rushton

SIR,—Last Autumn, at Toronto, an Honorary LL.D. was conferred upon Professor Martin A. Rushton on the occasion of the opening of a splendid new building for the Faculty of Dentistry. This is a signal honour, for this University is very sparing with its honorary degrees. It was a great distinction for Dr. Rushton to have been selected as being representative of the best in the tradition of English Dental education and research. The honour is reflected upon Guy's Hospital and its Medical and Dental Schools so that I take the liberty of acquainting you of the event.

Yours etc.,

H. M. WORTH.

3565 Beach Drive,
Victoria, B.C., Canada.

Specialization in America

From Sir John Conybeare

SIR,—I am sure that many of your readers—particularly those who have qualified in recent years—will have been most interested in the letter from Dr. Ruth Wiernik which appeared in your issue of 13th February, 1960.

I wonder if Dr. Wiernik could give some detailed figures regarding the salaries paid to hospital medical officers who hold posts comparable in duties and responsibilities to those of house officers, senior house officers, registrars and senior registrars, taking into account emoluments and private fees if any.

It would also be interesting to know whether in the United States there is anything comparable to the "ladder" which in this country has to be climbed so laboriously and so slowly if consultant status in the National Health Service is the objective.

We are sometimes told by those not enamoured of the medical set-up in the United States that a three months course is sometimes sufficient to enable a doctor to be regarded as an expert, particularly in specialities outside the main stream of medicine and surgery. Perhaps Dr. Wiernik could enlighten us on these and other aspects of practice in the United States.

Yours etc.,

J. J. CONYBEARE.

14, St. Thomas's Street,
London, S.E.1.

Guy's Nurses

From the Matron

SIR,—I thought you might be interested to have, for the *Gazette*, news of two Guy's trainees who have recently been appointed Matron of Mental Hospitals, Miss Adoree Lunn and Mrs. Marion Gater.

Miss Lunn completed her general training in 1944, and held an appointment as a Sister in the York Clinic from 1952 to 1959 when she became the Assistant Matron of the Mendip Hospital, Wells. She has just been appointed Matron of St. Clement's Hospital, Bow, and takes up her appointment in April. St. Clement's Hospital is in the process of development as an acute psychiatric hospital, and there will be approximately 120 beds, a day hospital and an out-patient department.

Mrs. Marion Gater (née Leates) completed her general training in 1945. She was a Sister in the York Clinic from April 1946 to May 1950 when she left following her marriage. She has subsequently held a variety of posts in the mental field, and in March is taking up her appointment as Matron of the Lancaster Moor Hospital. She is at present Matron at Littlemoor Hospital, Oxford.

Yours etc.,

J. ADDISON, *Matron.*

Matron's Office,
Guy's Hospital, S.E.1.

The Staff's Pictures

SIR,—As one who greatly enjoyed the exhibition of pictures belonging to members of the Staff and of the Board of Governors recently held in the Gordon Museum, I would like to put on record my personal thanks, both to those who conceived and organized the exhibition, and to those who lent their treasures.

Yours etc.,

G. A. K. MISSEN.

Department of Pathology,
Guy's Hospital Medical School,
London Bridge, S.E.1.

Prevention of Tetanus

SIR,—I have just received the *Gazette* of 16th January, 1960, and beg to point out an inaccuracy in the discussion on "Casualty Arrangements for the Prevention of Tetanus". Mr. Clarkson states that there was a fatal case of anaphylaxis in a child who had been given a full adult dose of A.T.S. (1500 I.U.). I was the O.P.O. concerned in this case and should like to draw attention to the following facts :

1. At that time (1950), there was no policy of giving skin test doses or of retaining patients in the Front Surgery for observation after the administration of the full prophylactic dose of A.T.S.

2. The dose the child received was one-half of the adult dose, the units of A.T.S. having since been revised. In 1950, 3000 units of A.T.S. corresponded to 1500 I.U., as used in present-day nomenclature.

3. The child died of œdema of the glottis in spite of the administration of 10 minims of adrenaline, intramuscularly. A child's laryngoscope or endotracheal tube was not available. He might, however, have been saved by a timely tracheostomy.

4. The policy, now in force, for the prevention of such accidents was formulated at a meeting between Mr. Clarkson and the O.P.Os. shortly after this case.

Yours etc.,

J. A. LOEB.

St. Joseph's Hospital,
Toronto, Canada.

An Invitation

SIR,—As I am returning to South Africa tomorrow I shall be most grateful if you will be kind enough to find space in the *Gazette* for me to say 'thank you' to all the consultants, registrars and old Guy's friends who have been so very kind to me during my six months refresher course at Guy's and the Lincoln County Hospital.

In particular I would like to thank Mr. T. L. T. Lewis for his tuition and hospitality at the Chelsea Hospital for Women, and I was delighted to find so many of my old class and rugby friends holding such exalted positions on the staff at Guy's.

I send my very best wishes to the Guy's Hospital R.F.C., which to me will always stay the first and foremost club in the world.

Please come and visit us in South Africa, where you will find a great welcome from the hundreds of old Guy's men who are anxious to reciprocate the great times they had at Guy's.

Yours etc.,

DAVID LE CLUS.

Guy's Hospital, S.E.1.

Cartoon

SIR,—At risk of being accused of having no sense of humour, I must take exception to the tone of the cartoon in the current issue of the *Gazette* The average dental surgeon is already heartily sick of being portrayed by lay "artists" as a cross between a bookworm and a thug ; but one does not expect to see this kind of thing in a responsible Hospital journal. Your cartoon in the previous issue was excusable as an isolated instance, but if it is to become the first of a series I must register my protest.

Yours etc.,

E. K. BREAKSPEAR.

47, Grosvenor Road,
Coventry.

Clubs' Union Colours

SIR,—In the past, two systems of purchasing Clubs' Union Colours have been tried. As both were unsatisfactory, the Blues Committee devised a new method, which is now to come into force with the approval of the Clubs' Union Council.

It is obvious that some form of restriction is required to prevent the public from 'sporting' Guy's Colours all over London. In addition, it is unfortunately necessary to have a method of restricting the sale of Colours to those entitled to them, in order to eliminate ignorance and dishonour within the Hospital. For many years it was the custom for the Secretary of the Blues' Committee to give people written authority at the time of their being awarded a Blue or Half Blue, and this note was supposed to last for as long as they might wish to purchase colours. Obviously, such notes were lost, and it was generally very difficult to obtain a replacement, as the Secretary of the Blues Committee is not usually known by a majority of students, and, moreover, changes each year. Another defect, I regret to add, was that in one or two instances these notes were loaned to friends who bought colours to which they were not entitled. A few years ago, an alternative system was tried, namely that Messrs. Matthew Arnold & Son kept a list of people with Blues and Half Blues copied from the written authorities presented to them. This had many objections. Many people lost their notes before they ever went near the premises, and, more seriously, several people bought colours to which they were not entitled by using someone else's name. In addition, both systems suffered from the defect that there was no provision for old Guy's men.

The new system, made possible by the willing help of the Medical School Office, hopes to eliminate all the previous faults, and is as follows :—

The Medical School Office will keep a list of students holding Blues and Half Blues. This list will be kept up to date by the Secretary of the Blues Committee. Any person wishing to buy colours will now have to obtain written authority from the Office and this note will be handed in at Matthew Arnold's at the time of purchase. Thus, a new note will be required for each visit to the shop. Similarly, old Guy's men may obtain written authority from the Medical School Office.

Yours etc.,

M. H. DEVEREUX,

Hon. Secretary, Blues Committee.

Guy's Hospital Clubs' Union,
Guy's Hospital, S.E.1.

Ninety-Three Years Ago

(*Circular found in an attic in Hampstead*)

20th *May*, 1867

Mr. George Williams of the Strand, London, Dentist, begs to inform the residents of Kilburn that he has established himself at the undermentioned address where he may be consulted daily from 9 to 6.

Mr. Williams in soliciting patronages begs to state that he uses Dr. Richardson's apparatus for the painless extraction of teeth and stumps (if required) that he fills the cavities of teeth with gold and the purest materials and supplies artificial teeth of the best description.

Mr. Williams here wishes to state that he was the pupil of, and for five years with Mr. T. Lemale the eminent Dentist of Harley Street, London.

17, St. George's Terrace, Kilburn,
Near the L. & N.W. Ry. Station.

Guy's Hospital Students' Union

Draw

The Guy's Hospital Students' Union wish to announce the following prizes which will be included in the Draw being held in aid of the World Refugee Year :—

1. Nylon Fur Coat (kindly given by Mr. Usiskin).
2. Solid Silver Cigarette Lighter (Messrs. Dunhill Ltd.).
3. Gentleman's Dressing Gown (Messrs. Matthew Arnold).
4. Cigarette Lighter (Messrs. Ronson Ltd.).
5. Hors d'oeuvres Tray (Messrs. Harrison Gibson Ltd.).
6. Electric Shoe Polisher (Messrs. Liffs, Chemists).
7. Two prizes of Perfume and Stockings (London Bridge Hosiery Bar).
8. Book Token, value two guineas (Messrs. Smith's Bookshop Ltd.).
9. Six Water Tumblers (The Shop, Fielden House).
10. Two Free Lunches (from Guy's and Dolls)
11. Two Free Lunches from the Upper Spit.
12. Four pound Box of Biscuits (Messrs. Barbers).
13. Four pound Box of Chocolates (Mr. Mansie).
14. Three pound Box of Chocolates (Claudius Ash & Co. Ltd.).
15. Two Baskets (Mr. Klauber).
16. Bottle of Whisky (Mr. Chater of the Red Lion, Camberwell).
17. Old Spice Shaving Set (Messrs. Gordons, Hairdressing).
18. One Parker Pen (Messrs. Strakers Ltd.).
19. 2 dozen Cans of beer (South London Brewery).

Prizes have also been promised from Messrs. C. R. Thompson, Messrs, Craig (Toy Manufacturers), George Phillips (Wine Merchants).

The Union Council wish to state that all tickets, with money, should be handed into the Union Office by 18th March, 1960. The Draw will take place in the Anatomy Theatre of the Medical School, on Monday, 21st March, at 5.0 p.m., and not at 1.0 p.m. as is stated on the tickets.

E. C. CHATER,
Chairman of the Students' Union.

NOTICES

GAZETTE SUBSCRIPTION 1960

Subscribers who have not already paid their subscription for 1960 (12s. 6d. post free) are asked to forward the same as soon as possible to the Manager, Gazette Office, Guy's Hospital, London, S.E.1.

On account of Bank charges (unless the cheque is payable on a London Bank) will Colonial and Foreign Subscribers kindly send Postal Orders.

GAZETTE INDEX 1959

The Gazette Index for 1959 is now available, free of charge, on application to the Wills Library or to the Gazette Office.

BOOK MISSING

Missing from Physiological Library :

American Journal of Physiology, Volume 152 (1948).

The return of this volume is highly desirable.

SPORT

RUGBY

Guy's v. Aberavon

20th February, 1960

Result—Guy's 8 pts. Aberavon 0

Having lowered the morale and spirit of their supporters to an unconditional zero by a miserable cup performance, Guy's showed that they still possessed a team conversant with the basic principles, and possibly one or two skills of the game, by soundly and deservedly beating Aberavon at H.O.P. We were very much heartened by their performance on a heavy, muddy pitch against one of this season's most successful Welsh clubs.

The game was decided by the performance of the Guy's pack. From start to finish, under Blackwell's excellent example and leadership, they were induced to provide an excellent shove at just the right moment, enabling Treadwell, who played an outstanding game, to hook against the head on numerous occasions. In the lineouts, Cooke was prominent, and noticeably good work was done by Bury and Buirski. The back row, with English outstanding, played their best game for sometime, indeed, their marking of Ashton, the current Welsh fly-half, was a feature of the afternoon's entertainment.

At half back, considering the conditions, a reasonable understanding was maintained, but on the whole the outsides did not distinguish themselves. The brightest spots in a dull afternoon outside the scrum were the tackling of Bryant in the centre and a very steady all-round performance by Nicholas. A possible reason for the backs' recent inability to make an impression on their opponents could be the bad timing of the pass from Hollingsworth to Bryant. Bryant seems to be receiving the man with the ball rather more often than is necessary, and consequently if he manages to pass it is hurried and inaccurate. As Ivanans' handling has not been too steady of late, it does not bode well for the chances of either wing.

The game was remarkable for the large number of penalties, equally distributed between the two sides, but if Aberavon had had a reliable place kicker, the game must surely have been lost. From the start, the play was scrappy with very little sequence of movement. The first half is remembered by a successful scissors between Hollingsworth and Ivanans in the centre of the field where it made little impression on the Aberavon defence; and some good covering by Murray after the oppositions left wing had gathered a bouncing ball and almost scored in the corner. There was some generally good defensive work by the team, and just before the interval Leyshon failed with a difficult penalty from wide out, into the wind.

After the break, Aberavon launched another furious onslaught which the Hospital line survived, and by judicious kicking by Nicholas, Hollingsworth and Bryant, now using the wind, play was carried to the other end of the field. Aberavon were caught offside in front of the posts, ten yards out, and Buirski landed the penalty.

It was noticeable throughout that Guy's made extensive use of the short penalty, in 80 per cent of the cases losing ground by the manoeuvre either by bad kicking or a breakdown in handling.

Under further attacks by Aberavon, Guy's mid-field tackling was beginning to crack a little, and after a glorious break by Ashton, only his third of the match, it was only brilliant covering by the forwards which stopped the Aberavon wing crossing in the corner.

The play swung to the other end and excitement among the Guy's supporters mounted for almost the first time as an Aberavon defender was forced to take the ball over his own line and touch down. From the scrum under the posts, Cooke broke with the ball, gave a short pass to Murray who crashed over. Leyshon converted with an excellent kick.

The game was now over bar the shouting, and Aberavon barely had time to launch another attack before the final whistle. This was a very fine performance by the whole Guy's side, with the honours going to a very hard working, seemingly revitalised pack.

Team: J. R. D. Nicholas; J. Leyshon, J. D. Bryant, P. Ivanans, M. Ribiero; R. Hollingsworth, M. D. Murray; R. G. Bury, W. T. Treadwell, A. P. Buirski, P. W. R. Harris, B. Blackwell, D. R. A. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English.

FENCING CLUB

A month of improvement

This month has shown a most encouraging improvement of our almost new team.

On the 1st February we narrowly lost to Northampton College in a hotly contested struggle. E. Harley, our new secretary, distinguished himself by winning three of his fights against strong opposition.

Our efforts were duly rewarded in the second round of the Inter-Hospital Foil Cup when we defeated Middlesex Hospital 9-7. Our captain, H. Preiskel, lead the team to victory winning all his four fights and R. Nicholson, making a welcome return to fencing, won three fights.

We finished the month's fencing with a most exciting match against Battersea Polytechnic, whose team included the Captain of London University Fencing Club and a full purple. H. Preiskel won all his four fights and the rest of the team gained the other two victories to make an honourable draw 6-6.

If we can maintain this improvement we hope to return to the forefront of the fencing world in the near future.

Team: H. Preiskel (Capt.), E. Harley (Secretary), D. Havey, R. Nicholson, P. Chadwick, M. Tyne.

GUY'S HOSPITAL MOTORING CLUB

invite entries for their

WHITE HART RALLY

Date: Saturday, 2nd April.

Start: Guy's Hospital Car Park between 5.0 p.m. and 5.30 p.m.

Finish: At a small Inn near to St. Albans, before 10.30 p.m.

Distance: 65 miles approximately.

Equipment: The lot ! Average speed equipment, protractor, compasses, ruler, torch, pencils, etc.

Map: Ordnance Survey 160. (7th series).

Eligibility: Any person having connections with Guy's, Past or Present, or their guests.

Handicap: A separate set of prizes will be given to pre-war cars. This is to encourage those students who are normally deterred from entering because of the age of their vehicles.

Entries: 5/- per car on or before Friday, 1st April.
7/6d. per car at the start.

This Rule will be strictly enforced.

Each entry must be accompanied by the driver's name and the make and age of the vehicle, and the capacity of engine.

To: J. NEALE—c/o Front Lodge, or in person on the top floor of the Dental School.

ARCHERY CLUB

Since this club began three years ago there have been very few new members, and as a result of the constant loss of members who have qualified it is now without any regular archers. Anyone who is interested will find all the equipment they need at Honor Oak Park, and "Harold" will be only too glad to see it used again instead of merely taking up valuable space.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Physician in Charge of the Department of Physical Medicine

The Board of Governors of Guy's Hospital invites applications for the appointment of **Physician in Charge of the Department of Physical Medicine.** The appointment is of consultant status, with attendance on five sessions a week. The conditions of service will be in accordance with The Terms and Conditions of Service for Hospital Medical Staff. Applications (one copy) together with the names of three referees should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **26th March, 1960.**

In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Junior Lecturer (whole-time) in the Department of Anatomy** for the period 1st May to 30th September, in the first instance. Forms of application are obtainable from and should be lodged with the Dean, Medical School Office, not later than **Friday, 18th March.**

APPOINTMENT

Dr. L. Wollner has been appointed Consultant Physician in Geriatrics to the Aylesbury-Amersham-High Wycombe Area.

UNIVERSITY OF LONDON

Examiners, 1960

M.B., B.S., Examinations

The following have been appointed Examiners for the M.B., B.S., Examinations for Internal and External Students in 1960.

Applied Pharmacology: Professor J. M. Robson.
Medicine: Dr. W. N. Mann, Dr. C. G. Baker, Dr. R. S. B. Pearson.
Obstetrics and Gynaecology: Mr. G. F. Gibberd.
Pathology: Professor G. Payling Wright, Professor R. Knox.
Surgery: Mr. S. H. Wass.
Therapeutics: Dr. J. C. Houston.

PASS LIST

UNIVERSITY OF OXFORD

Doctor of Medicine

R. A. Bruce

UNIVERSITY OF CAMBRIDGE

M.S.

E. F. Soothill

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.

January, 1960

M. S. E. Gould — D. S. Noble
J. N. James

F.R.C.S.

Primary Examination

January, 1960

D. C. Humphrey — S. J. Lam
J. A. McHardy

PAPERS BY GUY'S MEN

Ackner, Brian and another. An Evaluation of the Sedation Threshold Test. *J. Psychomatic Res.*, 1959, **3**, 271.

Ackner, Brian and another. Observations on Arousal Following Megimide during Light Barbiturate Narcosis. *J. ment. Sci.*, 1959, **105**, 788.

Bass, B. H. Nitrogen Mustard in the Palliation of Lung Cancer. *Brit. med. J.*, 1960, i, 617.

Bockner, S. Recent Advances in the Treatment of Depression. *Med. Pr.*, 1960, **243**, 175.

Bockner, S. Gilles de la Tourette's Disease. *J. Ment. Sci.*, 1959, **441**, 1078.

Brock, Sir Russell. The Surgical Treatment of Aortic Stenosis. *S. Afr. med. J.*, 1960, **34**, 86.

Calne, R. Y. The Rejection of Renal Homografts: Inhibition in Dogs by 6-Mercaptopurine. *Lancet*, 1960, i, 417.

Clarke, C. A. and others. ABO Blood Groups and Secretor Character in Rheumatic Carditis. *Brit. med. J.*, 1960, i, 21.

Clarke, C. A. and another. The Genetics of Some Minetric forms of *Papilio Dardanus*, Brown, and *Papilio Glaucus*, Linn. *J. Genetics*, 1959, **56**, 236.

Clarke, Ruscoe (the late). Treatment of Major and Multiple Injuries. *Nurs. Mirror*, 1960, **109**, xv.

Clarke, Ruscoe (the late). Treatment of Major and Multiple Injuries. 7. Chest Injuries. *Nurs. Mirror*, 1960, **109**, XI.

Clarke, Ruscoe (the late). Treatment of Major and Multiple Injuries. 8. Conclusion. *Nurs. Mirror*, 1960, **109**, XIII.

Clarkson, Patrick. The Role of Trauma in the Aetiology of Dupuytren's Disease. Proceedings of the Hand Club and the Second Hand Club, Combined Meeting at the Royal College of Surgeons, 28th November, 1959.

Clarkson, Patrick. Bone Graft to the Anterior Alveolar Ridge of the Superior Maxilla. *Brit. dent. J.*, 1960, **108**, 199.

Crabb, H. S. M. and another. Replantation of Teeth. *Brit. dent. J.*, 1960, **108**, 190.

Dowling, G. B. Some Common Skin Diseases and their Nursing Care. *Nurs. Mirror*, 1960, **109**, 1485.

Epstein, S. S. Cancer of the Epiglottis. *Cancer*, 1959, **12**, 246.

Epstein, S. S. New Antimetabolites of Vitamin B_{12}. *Nature*, 1959, 184, 1383.

Epstein, S. S. Klebsiella Pneumonia in Mice with Particular Reference to Periarterial Changes. *J. Path. Bact.*, 1959, **78**, 389.

Epstein, S. S. Multiple Primary Malignant Neoplasms in the Air and Upper Food Passages. A Statistical Review. *Cancer*, 1959, **13**, 137.

Holmes, J. M. Forceps Delivery under Pethidine Narcosis and Pudendal Block. *J. Obstet. Gynaec. Brit. Emp.*, 1960, **67**, 115.

Kennedy, G. C. and Parker, R. A. The Influence of Age on the Acute Renal Effects of Cortisone and of Dietary Potassium in the Rat. *Quart. J. exp. Physiol.*, 1960, **45**, 77.

Lunn, H. Fletcher and another. Surgical Relief of Severe Paralytic Hip Contracture. *Lancet*, 1960, i, 459.

Mant, A. Keith. The Suicide Inquest. The Solicitor Representing the Relatives of the Deceased. *Law Soc. Gaz.*, 1960, **57**, 1.

Morrison, J. B. The Electromyographic Changes in Hyperkalaemic Familial Periodic Paralysis. *Ann. phys. Med.*, 1960, **5**, 153.

O'Gorman, P., Griffiths, P. D. and Bloxam, Hazel R. Ascorbic Acid Inhibition of the Glucose-Oxidase Test for Glycosuria. *Brit. med. J.*, 1960, i, 603.

Price, T. M. L. and others. Renal Polycythaemia. *Lancet*, 1960, i, 299.

Rees, R. J. W. Study of Rat Leprosy in Tissue Culture as an Approach to Propagating Human Leprosy Bacilli *in vitro*, Trans, VII. *Int. Congr. Leprol. Tokyo*, 1958, p. 47.

Rees, R. J. W. and another. A Protective Cabinet for the Post-Mortem Examination of Infected Animals. *J. Hyg.*, 1959, **57**, 407.

Rees, R. J. W. and others. The Biological Significance of Different Appearances of Rat and Human Leprosy Bacilli as shown by Electron Microscopy. Trans. VII. *Int. Congr. Leprol., Tokyo*, 1958, p. 88.

Robson, J. M. and Treadgold, Sylvia. Pharmacological Formulae. *Med. biol. ill.*, 1960, **10**, 9.

Schurr, P. H. Endaural Cerebral Hernia. *Brit. J. Surg.*, 1960, **47**, 414.

Shaheen, O. H. Two Cases of Laryngeal Carcinoma at the Posterior Commissure. *J. Laryng.*, 1959, **73**, 838.

Thompson, R. H. S., Butterfield, W. J. H. and Fry, I. Kelsey. Pyruvate Metabolism in Diabetic Neuropathy. *Proc. R. Soc. Med.*, 1960, **53**, 143.

Tibbs, D. J. and another. The Undescended Testis. *Newc. med. J.*, 1959, **26**, 39.

Tweed, W. M. E. Rupture of a Leio-Myo-Sarcoma During Labour. Report of a Case. *J. Obstet. Gynaec. Brit. Emp.*, 1960, **67**, 110.

Tweed, W. M. E. Acute Congestive Cardiac Failure of Unknown Aetiology in Pregnancy. Report of a Case. *J. Obstet. Gynaec. Brit. Emp.*, 1960, **67**, 131.

Wright, E. A. The Ageing Mind. *St. Mary's Hosp., Gaz.*, 1960, **66**, 15.

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Accommodation

POSITANO (between Sorrento and Amalfi). Delightful villa overlooking sea. Room, bath, breakfast, dinner, service, equiv. 25/- incl. Write Amalia Cafiero, Positano, Prov. Salerno, Italy. Enquiries London. Tel. PRImrose 7598.

For Sale

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6d. each. Coat of Arms 5/6d., PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGE OF ADDRESS

R. W. Salmon, L.M.S.S.A., Fl.-Lt. R.A.F., 6, Lancaster Drive, Scampton, Lincs.

BIRTHS

COATES.—On 18th February, 1960, at Pembroke, S. Wales, to Mary (née McNair), S.R.N., and G. H. Dickman Coates, a son (David James).

HOLDING.—On 2nd March, 1960, at Hillingdon Hospital, to Frances (née Martin), M.S.R., wife of Guy Holding, L.D.S., a son (Anthony).

JOHNS.—On 5th February, 1960, in Cunnamulla, Queensland, to Jean Ann (née Mason), wife of Edwin T. Johns, M.B., B.S., a daughter (Rachel Wendy), sister for Karen.

LILLICRAP.—On 24th February, 1960, to Gwyneth (née Roberts), S.R.N., and David A. Lillicrap, M.R.C.P., a daughter (Susan Elizabeth).

SALMON.—On 17th February, 1960, at R.A.F. Hospital, Nocton Hall, Lincs, to Jean (née Gibson), S.R.N., and Fl.-Lt. Robin Salmon, a son (Jonathan Charles).

SMITH.—On 14th February, 1960, at Swift Current Union Hospital, Saskatchewan, to Ann (née Fraser), M.A., and Douglas Smith, M.B., B.Chir., a daughter (Kathleen Elizabeth)

YETMAN.—On 26th February, 1960, to Jennifer, wife of Denis Yetman, M.B., B.S., the gift of a daughter (Sarah Jane).

DEATH

HOLLAND.—On the 6th of March, 1960, suddenly in London, Roger O. Holland, M.R.C.S., L.D.S., third son of the late J. C. Holland, L.D.S., of St. Oswald's, Midhurst, Sussex, husband of Betty, father of Susan and Mary.

LEWIS.—On 4th March, 1960, at Guy's Hospital, Walter Lewis, M.B., B.Ch., of 71, Harley House, N.W.1, aged 52 years.

IN MEMORIAM

In loving memory of John Garvin Stebbing, M.B., B.S., on this his Birthday, 12th March.

EDS. { J.A.W. / D.N.I.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1870 *26th March* 1960 *One Shilling*

PASSIM

INTERNATIONAL Refugee Year. Throughout the Hospital, a gathering tide of enthusiasm and hard work by the Students' Union, with vigorous support from the School of Nursing, is achieving not only publicity and encouragement, but what is more important, hard cash. Over £400 is now in hand, and the ingenuity of the organizers is far from extended. The entertainment value of the University of London Beer Race (need we say that Guy's won ?), the circle of pennies in the Park, the highly successful Draw, required hard work by already busy people, most of it done behind the scenes. Such an urgent cause deserves not only hard work, but a generous response. Donations will be welcomed by the Treasurer of the Students' Union.

Sister J. R. Tanner, whose appointment to be Matron of King's College Hospital has been announced in the *Gazette*, left her desk for the last time last week. As First Assistant Matron, she will be greatly missed, but we wish her every success and happiness in her new post.

On 19th April, Guy's will welcome the first Sims-Black Travelling Professor to come here from New Zealand, in the person of Dr. T. F. Corkill, *M.C.*, M.D., F.R.C.P., F.R.C.O.G., of Wellington, New Zealand. Mr. Gibberd, Mr. Blaikley and Mr. Lewis have all travelled to Australasia as Sims-Black Professors, and it will be pleasant for Guy's to be able to return some of the warm hospitality which has been shown to them.

Mr. Lees-Read has shown us a cheering article in *Rotary*, the journal of British Rotary Societies. A writer who had evidently been received without cordiality or helpfulness at several hospitals, was greeted at Guy's by a friendly nurse in the ward where his friend was ill, and was given all possible information about his friend's condition, and particularly, on which evenings his family would be unable to visit him. This one helpful gesture has recommended Guy's to thousands of men and women in the most agreeable way.

A party was held by the Governors last week to bid farewell to Miss Ivy Delamare, who has retired as Secretary to the Superintendent. We hope to see Miss Delamare in the Hospital from time to time; meanwhile we wish all success to Miss Mary Mower-White, who succeeds her.

The death of Mr. Roger Holland, Consulting Dental Surgeon to the Hospital, has come as a great shock to his family, his friends and his colleagues. A Memorial Service will be held in the Hospital Chapel at 1.45 p.m., on Wednesday, 30th March. On behalf of all Guy's men and women we offer our deepest sympathy to his widow and family.

The January bulletin of the International Atomic Energy Agency contains a most interesting account of a course of lectures and experiments carried out on its behalf in Thailand, by Mr. Norman Veall, whose work with radioisotopes has made him an increasingly familiar member of the staff at Guy's in the past few years. It is good to know that the Atomic Energy Agency is able to achieve such excellent ends; Bangkok will have techniques available to its laboratories which are only just past the stage of being innovations in London.

We congratulate Mr. R. D. Moore, who has been appointed Principal Physicist to King's College Hospital.

An appointment which does great honour to Guy's is that of Mr. Edward Rees, of Carmarthen, who is at present High Sheriff of Carmarthenshire. Mr. Rees qualified in dental surgery at Guy's in 1925, and has practised in Carmarthen for 35 years.

We congratulate Miss Faith Wood, a Guy's nurse who trained here before the war, upon the award of the British Red Cross Badge of Honour, for her services to the British Red Cross Society.

We note in the *Belfast Telegraph* that at the Annual Meeting of the British Society of Gastroenterology, Dr. Hunt of St. Guy's Hospital was present. Perhaps he sat next to *our* Dr. Hunt !

GUY'S DIARY

MARCH			Exhibition. *Post-Operative Chest Complications.*
28th	M	1.00	Dr. Baker. Clinical Lecture.
31st	Th	1.00	Dr. Hills. Clinical Lecture.
APRIL			Exhibition. *Retention of Urine.*
1st	F	1.00	Dr. MacLean. Clinical Lecture. *The Treatment of Ischaemic Heart Disease.*
4th	M	1.00	Mr. Lewis. Clinical Lecture.
5th	T	1.00	Mr. Blackburn. Clinical Lecture. *Obstructive Jaundice.*
7th	Th	1.00	Dr. Carnegie. Clinical Lecture. *Local Analgesia and its use in General Practice.*
9th	S	10.00	Surgical Departmental Round conducted by Mr. J. P. Hopewell of the Royal Free Hospital.
11th	M	1.00	Dr. MacKeith. Clinical Lecture.
12th	T	1.00	Dr. Hunter. Clinical Lecture. *Toxicology of Metals used in Industry.*

NOTICES

PUPIL'S PHYSICAL SOCIETY

A combined meeting with the Medical and Physical Society from St. Thomas's Hospital, was held at Guy's on Thursday, 10th March. A further meeting at St. Thomas's is intended but the date has not yet been arranged.

There will be two other meetings this Spring.

Thursday,5th May—The meeting to award the Laidlaw and Beddard prizes. These are given yearly by the Society, with a value of about £5 each, to two Students who read either a case history or a paper. The Beddard prize is awarded for the best paper and the Laidlaw prize for the best case history.

Will all those intending to enter please inform a member of the Committee and submit a summary by Monday, 2nd May.

Entries must be kept to under 10 minutes in length.

Thursday, 19th May—The Annual lecture will be given by Dr. Richard Asher on "Salesmanship in Medicine".

GUY'S HOSPITAL REPORTS. Vol. 109. No. 1

Editor : SIR RUSSELL BROCK, M.S.

Assistant Editor : J. C. HOUSTON, M.D.

CONTENTS

	Page
The Malignant Gland in the Axilla By HEDLEY ATKINS and BRIGITTE WOLFF	1
Haemolytic Disease in the Newborn By P. J. DWYER, M. C. JOSEPH and R. H. R. WHITE	7
The Effect of Neuromuscular and Ganglion Blockade on the Function of the Guinea-pig Oesophagus By G. A. THOMAS and J. R. TROUNCE	21
Syncopal Dysphagia By D. C. DEUCHAR and J. R. TROUNCE	29
Arsenical Skin Cancer and Lung Cancer By A. W. R. WILLIAMSON	42
Endocrine Exophthalmos By D. A. F. MCGILL	46
Sterilization by Ethylene Oxide By C. G. A. THOMAS	57
Ethylene Oxide Sterilization of a Heart-Lung Machine By A. BRACKEN, C. C. WILTON-DAVIES and F. E. WEALE	74

RESIDENTS' BALL, 1960

The Residents' Ball will be held at the Park Lane Hotel, on the 29th April, from 8.0 a.m. till 2.0 a.m. Dancing will be to Tommy de Rosa's Orchestra.

Mrs. G. F. Gibberd has kindly agreed to act as Hostess. Reception 8 p.m. Dinner 8.45 p.m. Double Tickets £4 (excluding wines). Tickets are available from H. C. Evans and C. J. Rowland, The College, Guy's Hospital, S.E.1.

(Application forms will NOT be placed in the *Gazette* this year as they have been in previous years). Cheques should be made payable to "Guy's Hospital Residents' Ball Fund".

H. C. EVANS,
C. J. ROWLAND,
Ball Secretaries.

OBITUARIES

ROGER HOLLAND, L.R.C.P., M.R.C.S., L.D.S.R.C.S.Eng.

Roger Holland's death at the age of 47 of coronary thrombosis occurred with tragic suddenness on 6th March. Holland came to Guy's in 1930. He qualified in dentistry in 1935, and in medicine in 1938. After house appointments he became a Demonstrator in Operative Dental Surgery. With the formation of the Emergency Medical Service he was allotted to Guy's as Dental Surgeon and

Anaesthetist. Later he joined the Dental School at Tunbridge Wells and was in charge of the Pre-clinical Department. Both Medical and Dental Schools were then functioning in what, to the London end, appeared to be an idyllic rustic retreat (the double journey during the 'Blitz' took rather longer than a single journey to New York now). Holland became restless with the relative peace of Kent and obtained his release from Guy's to join the R.N.V.R. as Surgeon Lieutenant.

He was appointed Medical Officer to *H.M.S. Roxborough*—one of the old American destroyers when she was on North Atlantic convoys. He was then appointed Medical Officer in charge R.N. Sick Quarters, Oban, where he spent a year and fell in love with the Highlands. His next appointment was as Surgeon Lieutenant-Commander of 17th Destroyer Flotilla when he served in *H.M.S. Onslow*. Recently he had the unusual pleasure of teaching one of his old shipmates, E. W. H. Browne, who is now a dental student at Guy's.

He was very happy in the *Onslow* but the flotilla was engaged in the Murmansk convoy operations which must have left their mark on all of those who survived.

After the war, Holland came back to Guy's and was appointed Assistant Dental Surgeon in 1949.

Holland's work was meticulously careful and conscientious. He was kind, gentle and patient. He was a popular teacher who was interested in his students and in their activities. He was an enthusiastic member of the Samuel Pepys Club and was as Pepys said of himself "a curious man", interested in everything with which he came in contact. Well informed on the history of the Borough and of Guy's, he was particularly concerned with the neglect of Guy's statue and was instrumental in obtaining advice from the Ministry of Works on its care.

Roger was a delightful companion and was always more ready to laugh at his own follies than at those of others. He enjoyed walking and sailing and he played squash with careless abandon.

Few of those for whom and with whom he worked knew what a heavy burden of ill health he carried latterly, or realised the quality of courage that drove him on.

To Roger's wife and daughters we offer our deepest sympathy; for them as for all of us who knew him life can never be the same.

J.W.M.

From J. M. Alexander :

In the tragic death of Roger Holland, not only Guy's, but all humanity has suddenly become the poorer. His worth was not to be measured in his achievements alone, but also in his sympathetic understanding and the sensitivity of his nature. It is doubtful if many, even among those in daily contact with him, appreciated how deeply sensitive he was. His was an essentially artistic temperament, as many will have realized from the Christmas Card etchings executed by his own hand which he sent us.

During the 1939-45 War he served as a Medical Officer in the Royal Navy; and at the Naval Base at Oban, where he was stationed during 1942-43, he was much more the well-loved doctor than just the "M.O."

His passing constitutes an irreparable loss and he will be deeply mourned by all who knew him.

E.W.H.B. writes :

Surgeon Lieutenant-Commander R. O. Holland, R.N.V.R., was not known as such to many Guy's men, but to hundreds of grateful naval personnel. He served at sea for most of the war, preferring this more dangerous work to base hospitals, and he served as a medical officer, not as a dental surgeon, so that he could get into destroyers and go to sea.

He spent much of the Battle of the Atlantic in an old ex-American destroyer, itself a fair hazard, without counting the enemy or the weather. Later he served in *H.M.S.Onslow*, a fleet destroyer based on Scapa. In this ship he took part in the D-day landings, during which a torpedo struck his ship but failed to explode. He also took part in many Russian convoys and shipping strikes off Norway—the latter involving long trips through enemy minefields.

His personality in the mess, for nerves were often very frayed, exerted great influence; he was a calm cool person especially under fire. As hot drinks were virtually unobtainable at action stations (often in bitter Russian weather conditions) he devised some soup-making machine with his sterilizer, and after a decent interval for doing the instruments, welcome hot soup, sausages and sandwiches poured forth from Sick Bay.

Such was typical of the man. He often volunteered and worked all night at sea on non-medical matters to help others. He could have sat back (as indeed some did) claiming Geneva Convention Regulations and done nothing. How foreign such action would have been to Roger Holland.

He was a man who did so much to help without people knowing, and his death is a blow which words cannot adequately express. Especially this must be to his wife and daughters to whom we extend our very deepest sympathy.

WALTER LEWIS, M.A., M.B., B.Chir.

Walter Lewis came to Guy's from Cambridge in a group that included Gavin Knight, John Howill, Windsor Lewis and Charles Wood, and they naturally tended to remain together as a group through the clinical period. A compound fractured tibia as a result of a rugger injury kept him in the ward for many months, as a result of which his qualification was delayed till 1932, when he obtained the M.R.C.S., L.R.C.P., with House Appointments.

He went into practice at Bude, in Cornwall, and was always a popular host for Guy's men on holiday in that area. He volunteered for the R.A.M.C. in the second world war, and served in East Africa and Madagascar. After the war he joined a practice in Hampstead, and later one in the West End of London, and was one of the doctors attached to the Savoy and other hotels. It says a lot for his determination that he took the M.B., B.Chir.(Cantab.), in 1948, sixteen years after his primary qualification. He had prepared a thesis for the M.D., and it was his ambition to present this before he died.

Lewis was a fine athlete. He played full back in the rugger XV, which in those days was of very high standard, and also played occasionally for the London Welsh. He was a scratch golfer and a cricketer of more than usual ability. He was devoted to Guy's and after the war, in company with E. H. Jonraker, attended regularly at Honor Oak Park to help and advise the Rugger XV.

As a practitioner, Lewis was extremely devoted and well loved, and in addition to a busy private practice, was always at hand to help and look after medical and non-medical staff from Guy's without thought of personal reward, and would travel many miles so to do. In fact, he seldom had a day off, which was perhaps a mistake.

With his passing, Guy's has lost a loyal and valuable friend and supporter.

He is survived by a widow, two sons and a daughter.

N.L.E.

P.M.F.B. writes :

Walter Lewis was one of a fine group of Guy's men of the '30's that included Alan Bowen-Davies, Bunny Clegg, Guy Cooper, David Geidt, Father Gill, John Howell, Garvin Knight, Windsor Lewis, Pat Malone and Charles Wood. He was a man of outstanding personality, an excellent all-round athlete and an innately kindly, sympathetic and generous person, with a healthy and abounding capacity for enjoying life which was so infectious that just to be in his company made you feel good. He always knew his own mind and had a simple and logical philosophy of life. If he considered that he was not an expert in some subject, be it Medicine or one of the many recreations that interested him—and he was usually unduly modest—he chose someone that he believed to be *the* expert and trusted implicity in his advice. But Walter was the stage manager and no one could have wished for a better one. That was what made him such a good G.P. It was he that the patient had confidence in and regarded as his friend and advisor and if further advice was needed you had implicit faith in his choice. He was so transparently honest and devoid of intrigue that it was refreshing to meet somebody who quite simply and plainly said what he meant and not what he thought he was meant to say.

He was so positively vital and dynamic that it is almost impossible to think he could die in the prime of life. His death as the result of a cerebral haemorrhage was, for him, mercifully sudden. To all of us who were his friends it was a shattering blow. To Joan, his wife, and David, Sheila and Kenny, his children, it must be not only unbelievable but unbearable. If it is a little comfort to them I am sure they will realize how much we sympathize with them even though our sympathy may be inarticulate.

BLOOD VOLUME ESTIMATION—A REVIEW OF METHODS

(With special reference to I^{131})

By B. R. P. MURRAY and M. W. POTTS

A Paper Read at a Surgical Departmental Meeting on 8th January, 1960

In order to make replacement therapy more accurate, blood volume estimation has been attempted in various ways for many years and as yet no completely satisfactory method for routine use has been discovered.

In view of the importance of such an estimation, it seems worthwhile briefly reviewing and where necessary clarifying some of the current methods.

There are three main occasions when a rapid measurement of blood volume is necessary. The first is when a patient is admitted following some accident, obstetric emergency, massive hæmorrhage, or perhaps

ESTIMATION OF CIRCULATING VOLUME

1. Dye Methods, i.e., Evans Blue
2. Radio Isotopes
   - (*a*) Tagged Protein (Plasma volume)
   - (*b*) Tagged Cells (Cell volume)

ESTIMATION OF BLOOD LOSS

1. Gravimetric
   - (*a*) Weighing Swabs
   - (*b*) Weighing Patient
2. Radio Isotopes

in a collapsed state, and the volume of blood lost prior to admission is probably quite unknown. The rapid estimation of the circulating blood volume would be most helpful so that a proper amount could be given quickly, with minimum danger of under- or overloading the circulation. The second is during an extensive or hæmorrhagic operation when repeated estimation of blood loss at intervals will be invaluable. Finally it would appear to be of value if a patient collapses postoperatively when it should be possible to differentiate between a hæmorrhage or cardiac insufficiency.[1] Two approaches are possible, either the measurement of circulating blood volume or estimation of blood loss, depending upon circumstances.

There are, broadly, two simple techniques in the estimation of circulating blood volume and two techniques in the estimation of blood loss, as indicated in the table above.

Methods

Techniques which have been much used are those employing intravenous injection of certain dyes, namely Evans Blue and Vital

Red. These dyes must neither be catabolized nor rapidly lost from the cardio-vascular system. Next, radio isotopes can be used in the estimation of circulating blood volume. If an isotope, of suitable half life and appropriate concentration, is used in proper dosages the amount of radiation is quite innocuous. If correctly prepared it also behaves as a normal substance in the body and will be treated as such, although it may be noted that heavy iodination of human serum albumin may lead to its denaturation,[2] a consequence which is of greater importance in albumin turnover studies.

The use of radio isotopes involves essentially very simple techniques which depend upon the same underlying principle as when Evans Blue is used, namely the dilution of a given amount of solution in the blood stream. In method 2(*a*) a known amount of isotope attached to serum albumin is injected, a certain time is allowed for the isotope to mix evenly throughout the circulating blood and a sample is withdrawn. The concentration of the isotope in the sample is then measured. Instead of colorimetric analysis with its attendant disadvantages, the concentration is measured by the radiation from the sample and recorded by a Geiger-Müller tube or scintillation counter. The counts registered are directly proportional to the concentration of isotope in the sample. In method 2(*b*) the radio isotope (chromium or iron), is attached to the red blood corpuscles, a known quantity is injected and its dilution measured as before. Clearly, (*a*) and (*b*) may be combined to give simultaneous estimations of plasma and red cell volume.

The measurement of blood loss may be simply carried out by the weighing of bloodstained dressings or swabs, and Cáceres & Whittembury[3] have shown this method to give reliable results with the use of an appropriate correction factor of +25 per cent. (By inference this figure allows for loss of weight due principally to evaporation.)

Another gravimetric method provides an estimation of blood loss by changes in the patient's weight. This gives satisfactory results and is the method used at Guy's in open heart surgery when extra-corporeal circulation is used; it is necessary, however, to make allowance for weight increase due to fluids added artificially to the circulation. Obviously this method is only applicable when initial weighing can be performed upon a normo-volæmic patient.

Radio isotopes may also be used in estimation of blood loss by measuring the activity of the blood on swabs collected during the course of an operation. By a fairly simple technique it is possible to measure the amount of blood on the swabs as a percentage of the total circulating volume. This involves the intravenous injection of a small, but accurately known, amount of isotope and the preparation of an accurate standard solution of isotope for comparison.[4] We are experimenting with this method, but our researches are at a preliminary stage and cannot at present be discussed further.

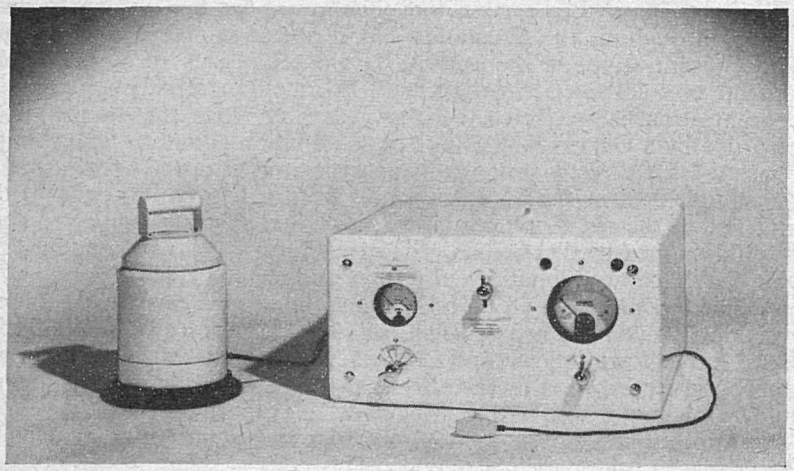
Disadvantages

Unfortunately most of the above techniques suffer from some drawbacks. The Evans Blue method requires accurate spectrophotometric measurement of the plasma and this is affected by the presence of fat globules therein.[5] For accurate results the patient must therefore be in a fasting state or a correction factor must be introduced.[6] If

more than one estimation is made the patient and his tissues may become blue. Furthermore the dye remains in the blood for a considerable time.

The radio iodine technique demands, even after practice, a minimum of 10 minutes for estimation and, where blood loss is profuse and rapid, the time factor will be critical. Further, serial estimations are not straightforward because some leakage occurs into non-vascular compartments. A correction factor can be introduced to account for this loss which, although variable, is of the order of 10 per cent. per hour.[7] In comparison, the calculation of red cell volume using C^{14} or P^{32} tagged cells offers greater accuracy.

The disadvantage of using tagged cells, where the radio-active isotope is attached to the hæmoglobin molecule of the red blood



Photo] *[Guy's Hospital*

Left—Ring counter. Right—Clinical monitor
Counts are registered on the larger dial

This illustration shows the clinical monitor and Geiger-Muller counting chamber as used and described in the text.

corpuscles, lies in the difficulty of ensuring availability of compatible radio active cells when needed, although banked Group O Rhesus negative blood, tagged with Cr^{51}, has been used.[8] Where time is available, the patient's own blood may be taken and labelled. The use of Fe^{55} and Fe^{59} tagged cells has been abandoned for red cell volume estimation since it involves the donor in a comparatively high dose of radiation.[9] With regard to the estimation of blood loss as distinct from circulating volume, radio isotope techniques at present appear to have little to offer over existing gravimetric techniques, since the latter are economical and easy to perform.

The technique with which we are principally concerned in this article is the use of the radio active isotope I^{131} in the measurement of plasma volume. The advantage of this method lies in not having to label the patient's own cells or having to maintain banked, tagged blood. By estimation of the plasma volume it is possible to calculate the total blood volume by means of the formula:

$$\text{Blood Volume} = \frac{\text{plasma volume}}{100 - \text{hæmatocrit}} \times 100$$

The venous hæmatocrit can be estimated by using some of the blood withdrawn from the patient for purposes of counting. Previous work has shown that in almost all conditions the relationship between the whole body hæmatocrit and the venous hæmatocrit remains approximately constant so that, by use of appropriate correction factors,[10] estimation of blood volume can be made from plasma volume or red cell volume.

Technique

A sterile syringe is loaded with 10 ml. of the isotope preparation which is arranged to contain approximately 30 microcuries. This preparation is then injected intravenously, 10 minutes are allowed for distribution to occur and then approximately 13 ml. of venous blood are withdrawn into a heparinized syringe, with as little venous compression as possible. 10 ml. of this sample are then accurately pipetted into another bottle. A standard solution is also prepared of the original isotope solution which is diluted 100 times; radiations from each bottle are then measured in the counter as counts, in a standard time. From these results the apparent blood volume may be calculated thus:

$$\text{Apparent Blood Volume} = \frac{\text{Count of Standard} \times \text{Dilution Factor (100)} \times \text{Volume of Injection (10)}}{\text{Count of Sample}}$$

The above formula, however, does not take into account the difference between venous and whole body hæmatocrit.

There are two methods of overcoming this difficulty. In the first, and where rapidity of blood volume estimation is necessary, the hæmatocrit is assumed to lie between 20 and 50, over which range a correction factor of 0·92 to 0·97 will turn apparent into true blood volume. It is legitimate to take a mean of 0·95; thus the calculation is made as follows:

I. True Blood Volume = Apparent Blood Volume (from formula above) × 0·95

This will give a true blood volume accurate to within ±5 per cent.

In the second method, and where time allows, the venous hæmatocrit of the blood sample may also be estimated by centrifuging in a Wintrobe tube. The hæmatocrit value obtained is multiplied by 0·96 to correct for trapped plasma, but the venous hæmatocrit thus found differs from the whole body hæmatocrit because in a large vessel more red blood corpuscles are present for a given amount of plasma, whereas in capillaries the reverse is true. If the corrected venous hæmatocrit is multiplied by 0·91 then whole body hæmatocrit is obtained. On account of the above mentioned differences between venous and capillary blood, the apparent dilution of radio-iodinated plasma (by red cells) in the blood from, say, an ante-cubital vein, will be greater than would be the case if the sample was representative of whole body blood. Therefore, since the apparent dilution is greater, the calculated total blood volume will be falsely increased. In order to correct for this

error, and in view of the fact that a plasma label has been used, a ratio of venous to whole body "plasmatocrit" is introduced, where plasmatocrit equals 100 minus hæmatocrit. Hence:

$$\text{II. True Blood Volume} = \text{Apparent Blood Volume} \times \frac{100 - H}{100 - \text{W.B.H.}}$$

where H = hæmatocrit corrected for trapped plasma
and W.B.H. = $0{\cdot}91 \times H$

It is evident, since the denominator is larger than the numerator in the above ratio, that true blood volume is less than the apparent blood volume.

Without estimation of the venous hæmatocrit, an approximate result can be obtained within 15 minutes of the injection of isotope solution, but if the hæmatocrit value is needed for a more accurate result, estimation takes longer. In this event the blood has to be centrifuged for 30 minutes and the method takes approximately 45 minutes altogether. The technique described is accurate and suitable for a single estimation of blood volume such as would be required following a road accident, for example, or in the case of an old person with a fractured femur. Investigations have shown, however, that the correction factor in converting venous hæmatocrit to whole body hæmatocrit is probably grossly inaccurate in the altered proportions of plasma to blood where pooling of circulating fluid and altered vascular permeability occurs, as in the shocked state. It would appear, therefore, to be unnecessary to apply a correction factor in these cases since there is likely to be some inaccuracy in the value of normal circulating volume as derived from the height/weight basis (see below), and it is to this value that the calculated blood volume must be related.

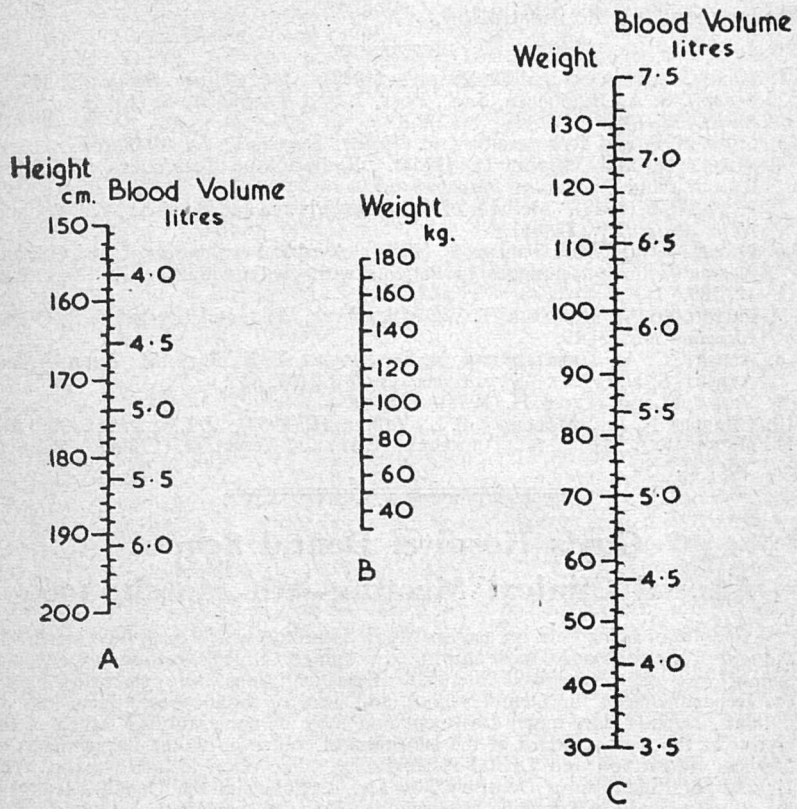
Such methods, however, are not suitable for serial estimation of blood loss during the course of an operation owing to the leakage of the isotope into the extra-vascular spaces during the repeated examinations. This may be influenced by the anæsthetic or other drugs in use, by local tissue hypoxia and trauma, or by the vascular response of the patient to blood loss.

The value of the results obtained from either of the above two formulæ for calculating the existing blood volume will depend on an accurate estimation of normal circulating volume (which must of course be indirectly achieved) in order that correct replacement therapy can be undertaken. An approximate value for the circulating volume in any given case can be made from the patient's height and weight, or height, weight and skin thickness, as shown in the nomogram (Figure 3).

Our experience is confined to the use of I^{131} which has a half life of 8 days and emits beta and gamma rays. Beta rays are soft and relatively non-penetrating and are absorbed by a thin layer of lead in the inner wall of the counting chamber so that they do not influence the count. Gamma rays are more penetrating and are responsible for the counts registered. As previously mentioned, the total radiation is extremely small and to obviate any possible chance of damage to the thyroid by concentration of iodine within this organ, the patient is given potassium iodide orally on the day of operation and for the following week (gr. 10, t.d.s.). Another possible isotope is iodine I^{132}, which has a

half life of 2½ hours, but we have not had any experience with it in this department. It would appear to be more suitable for repeated estimations on the same patient, but it has to be made up freshly for each occasion and is difficult to sterilize in the time available.

Estimation of the circulating volume in severe burns would be most valuable, but there are complicating factors, chiefly the great loss of plasma which occurs owing to altered capillary permeability. In severe



A line joining the height in A to the weight in B, when projected to C, gives the blood volume. (This nomogram[11] is reproduced by courtesy of the Editor of "Clinical Science.")

burns one needs, therefore, to use a technique whereby red blood corpuscles are labelled. This means taking a sample of the patient's own blood and attaching the isotope to it or having banked blood available. Such measures are time-consuming and in this condition rapid estimation is required. In severely burnt patients moreover there is a disappearance or lysis of red blood corpuscles which is ill-understood and this, if and when it occurs, will seriously affect the result. Finally complete mixing of the isotope may be delayed, due to increased circulating time, and stasis in parts of the vascular bed.

In conclusion it appears to us that estimation of circulating blood volume and measurement of blood loss are subjects which are of considerable importance and are problems about which surgeons and anæsthetists are becoming increasingly conscious. As can be seen,

much work has been done, but much still remains to be done to discover a quick, simple and completely reliable method of estimation of the circulating blood volume at any given time.

We are grateful to Mr. H. J. B. Atkins, Dr. P. J. Helliwell and Mr. N. Veall for their helpful advice. This work has been carried out with equipment belonging to the Surgical Department and at the instigation of the Director. We thank Mr. Engel of the Photographic Department for the illustration.

REFERENCES

1. HAXHE, LAMMERANT and DE VISSCHER (1957). *Acta Chirurg. Belgica*, **5**, 559.
2. BERSON, S. A., SCHREIBER, S. S., POST, J. and YALOW, R. S. (1953). *J. Clin. Invest.*, **32**, 746.
3. CÁCERES, E. and WHITTEMBURY, C. (1959). *Surgery St. Louis*, **45**, 681.
4. VEALL, N. and VETTER, H. (1958). Radioisotope Techniques in Clinical Research and Diagnosis: *Butterworths.*
5. REEVE, E. B. (1948). Methods of Estimating Plasma and Total Red Cell Volume, *Nutr. Abstr. Rev.*, **17**, 811.
6. DAVIES, J. W. L. and TOPLEY, E. (1959). A critical evaluation of Red Cell and Plasma Volume techniques in Patients with civilian injuries, *J. Clin. Path.*, **12**, 289.
7. PRITCHARD, W. H., MOIR, T. W., MACINTYRE, W. J. and INKLEY, S. R. (1956). *Circulate Res.*, **3**, 19.
8. ALBERT, C. A., THERGAONKAR, R. D., HENLEY, E. E., BAIN, M., RAFII, A. and ALBERT, S. N. (1958). *Surg. Gynae. et Obst.*, **107**, 685.
9. VEALL, N. and VETTER, H. (1958). *Op. cit.*
10. CHAPLIN, N. Jnr., MOLLISON, P. L., VETTER, H. (1953). *J. Clin. Invest.*, **32**, 1309.
11. HICKS, D. A., HOPE, A., TURNBULL, A. L., and VEREL, D. (1956). *Clin. Sci.*, **15**, 557.

Guy's Hospital Dental School Annual Clinical Meeting—5th March, 1960

In spite of being held on a crisp sunny Saturday, which must have made the thought of the golf course most alluring, the Annual Clinical Meeting in the Dental School was again very well attended. Demonstrations were presented by all the Departments of the Dental School, and were of three types; operations on patients, clinical cases under treatment and table demonstrations. Much of the credit for the high standard of the last must of course go to the Departments of Medical Illustration and Dental Photography. The noon lecture was on "The Hazards of Radiation in Dentistry" by Mr. B. Cohen of the Dental Faculty at the Royal College of Surgeons of England. This well presented and entertaining lecture, of the greatest value to practising dental surgeons, was extremely well received. Professor Rushton's annual afternoon lecture on "Cases referred by practitioners" was as usual greatly appreciated by a packed house.

Not the least important aspect of this occasion is its social side with the renewal of old friendships and the sometimes belated recognition of contemporaries looking a lot older than one had expected. Which is all the more surprising, since the Staff seem to change but little with the years !

R.D.E.

GUY'S HOSPITAL DENTAL SOCIETY DINNER

The Fifty-fourth Annual Dinner of the Society was held at the Park Lane Hotel, on 5th March, 1960, with the President, Mr. B. E. D. Cooke, in the Chair.

Professor R. V. Bradlaw, in proposing the toast to Guy's Hospital and Schools, spoke of the giants of the past whose names were indelibly engraved on our minds, but reminded his audience that some who were still with them were of that stature, and only closeness to them prevented our having a true perspective of their work.

Mr. J. B. Blaikley, the Superintendent of the Hospital, in replying to the toast, mentioned that in this country the first lectures on teeth were delivered

at Guy's at the end of the 18th century. He said that the Hospital had now entered a period of reconstruction and that those who were fortunate enough to be associated with it were establishing the basis of a new era. If a proposed plan were implemented, with the new Dental School perched on top of a massive tower, he could imagine a certain Professor of Dental Surgery arriving on a Sunday complete with climbing irons. Having scaled the New Guy's House and traversed the col to the tower, he would climb triumphantly into his department on time for the Monday morning.

Mr. F. S. Warner, the Sub-Dean, proposed the toast of the guests, mentioning many by name, and spoke of the value of keeping in close touch with the schools from which dental students were drawn.

Mr. Hugh Elder, Headmaster of Merchant Taylors, in replying for the guests thanked his hosts for a most enjoyable evening and expressed his appreciation of the teaching given at Guy's Schools.

Mr. R. D. Emslie proposed the toast to the President and, to the obvious appreciation of the gathering, interpolated into his recitation of the honours and awards bestowed upon the President certain scurrilous tales of extra-mural activities, student exploits and naval emergencies.

The President, Mr. B. E. D. Cooke, replying acknowledged the help he had received from the members of the committee and, particularly, the Secretary. He dealt briefly with the achievements of the Society and concluded with the sage comment, "They can harpoon you only when you are spouting." The Secretary, Mr. Alistair Graham earned an honours pass with an after-dinner speech both informative and humorous, and the formal part of the evening then terminated.

L.J.G.

MEDICOS LOOK AT . . . . .

The standing committee of the House of Commons is at present considering the Betting and Gaming Bill and by 24 votes to 14 defeated a proposal to legalize street betting. There have recently been two leaders in *The Times* on the same subject as well as an article in the *News Chronicle* on the 16th February. At the end of 1959 the *New Statesman* had a competition in which readers were invited to compose a "Street Bookie's Farewell to his Pitch" on the model of several poems beginning with "Farewell". In the debate in the House of Commons one of the M.P.s spoke about a bookie's runner whose pitch was only one minute from the Houses of Parliament. The writer feels that something ought to be recorded about the men whom he would like to call the "Guy's bookie's runners", before they become extinct.

It was very odd in some ways how these men impinged on one's notice only after several years. Suddenly one realized that if one looked south out of the Medical School towards Newcomen Street between the Students' Union and the Pathology Block certain men could always be seen around the junction of the next two streets from 12 noon to 2 p.m. One man (later two) was in the road and frequently men and women went up to him, gave him something and went away again. Another man sat on a bicycle during the whole two hours and a third stood partially concealed near the bend in the road. Every now and again everybody would disappear, the man in the road to visit a friend in the block of flats, the cyclist to go for a short run and the third man to have some exercise. Within a few seconds two policemen would be seen walking slowly towards the crossroads and disappearing. Immediately the three men re-appeared and took up their old positions. It then dawned on the observer who these people were. It became part of the English social scene which could be shown to groups of students, visitors, etc., who had vaguely heard about bookie's runners and their look-outs but had never seen them functioning.

After many years several other things began to be noticed. These men are incredibly punctual. The strokes of the nearby church clock have hardly struck twelve before they all appear, usually singly. One can almost set one's clock by their arrival and departure. The weather makes no difference—they always come. They have been dimly discerned through the fog. Rain and snow make no difference and in the coldest weather they are always seen, one of them jumping about trying to keep warm. During half-term holidays, the children congregate round the cyclist, and the bookie's runner between taking the bets plays football with some of the boys. A touching feature is the distribution of the bag of bread that the cyclist always brings for the pigeons.

Before they pass into limbo, they and the other 20,000 runners (according to the chairman of the Street Bookmakers' Federation), one may ask some questions.

What do they do during the rest of the day? Why are they so diligent in their work, so punctual, so undeterred by bad weather? How do they manage to make enough money to keep three people employed two hours a day, six days a week? What will they do if the illegality of street betting is enforced (it is illegal already)? Whatever happens to them let it be said that their work did not go unrecorded.

* * * * *

Perhaps it was the remark of one of Guy's professors that in England statues were not put up to really famous men—artists and scientists were what he had in mind, not the statesmen and kings whose statues were described by an M.P. as being one of the main causes of traffic obstruction in London; perhaps it was the article in *The Times* in which were described the dirty statues of the City of London; whatever it was, somebody started looking for medical men's statues which could be seen in London by the public. The end result was curious, but that will come later.

It is difficult to know where to begin. St. Paul's Cathedral and Westminster Abbey, particularly the latter, contain a large number of statues and memorials to famous men and women and it is with some pride that one notes that in St. Paul's there are only two statues to medical personalities and both were Guy's men, Sir Astley Cooper, surgeon, and William Babington, physician. Both are in the south transept and are full length. They appear to emphasize Cooper's handsome appearance and Babington's kindliness.

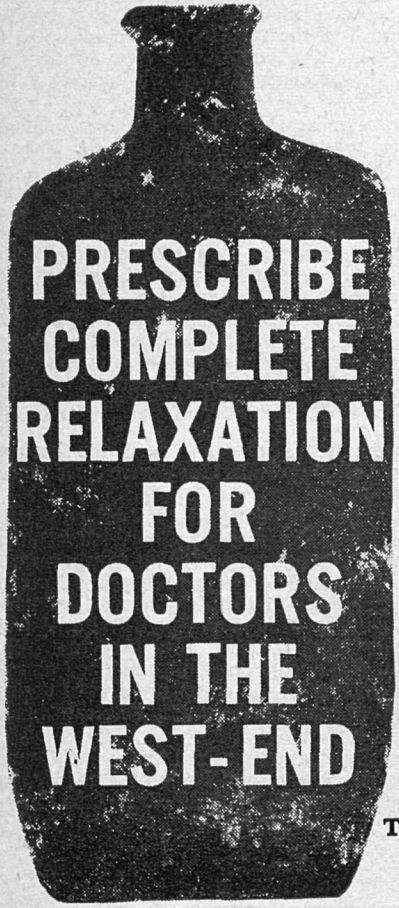
In Westminster Abbey there is no medical equivalent of "poet's corner" but if one looks in the north transept there will be found a medallion of Lord Lister which forms part of a group of four, the others being Stokes, the mathematician, Adams, the astronomer, and Watt, the engineer. Apparently whoever arranged this grouping had no doubt that medicine was a science. In the same part of the Abbey is a bust to Dr. Baillie (1761-1823) who was a Scot, a morbid anatomist, and the brother-in-law of the Hunters. In the north aisle on the south wall in the second bay one of the Chamberlen family (Hugh, the younger), famous for their obstetric forceps, which they kept a family secret for so long, is honoured by a large memorial and in the same aisle there is a bust to Dr. Mead, physician at St. Thomas's and to the Royal Family and lecturer in Anatomy to the College of Surgeons. Dr. John Woodward (1655-1728) is also represented here by a medallion. He was a naturalist and geologist but had an M.D. and was a F.R.C.P.

There may be others in the Abbey but they have not been traced. One may ask "No Harvey, no Hunter, no Jenner?" but they will be found elsewhere. In front of the College of Physicians there are statues of Linacre, Sydenham and Harvey. One hopes they will be preserved, cleaned and transferred to the new College in Regent's Park. John Hunter is honoured by a statue in Leicester Square and a bust above an entrance to St. George's Hospital. Edward Jenner's statue was in Trafalgar Square but shortly after its erection about 100 years ago it was transferred to the relative obscurity of Kensington Gardens where it can be seen on the north side of the Gardens near the ornamental fountains. There is also a more than life-size bust of Lord Lister at the north end of Portland Place.

This almost completes the list if one adds the relatively recent memorial to Louisa Aldrich-Blake, surgeon at the Royal Free and Elizabeth Garrett Anderson Hospitals, at the south-east corner of Tavistock Square. Actually there are two busts, one facing the tranquility of the gardens and the other the noise and bustle of Woburn Place. Finally one should mention that of the 22 statues on the facade of the British Academy in Burlington Gardens at least three are medical men, Galen, Harvey and Hunter, and Aristotle probably practised medicine.

Perhaps one should also mention the L.C.C. plaques to famous doctors (Snow in Sackville Street, Jenner in Hertford Street, Hunter in Golden Square, Thomas Young in Welbeck Street and probably others). In addition individual medical schools and colleges have large numbers of busts and statues of their famous men. Recently there was advertised a book by W. R. LeFanu, *A Catalogue of the Portraits and other Paintings, Drawings and Sculpture in the Royal College of Surgeons of England.* These, however, are not easily accessible to the public nor are they public memorials. At Guy's there are busts of and memorials to her famous men. The pity is that they are taken for granted and hardly looked at by students and staff alike. How else could one explain the fact that for an unknown period Babington, on the pedestal between the entrances to the Physiology Theatre, has been squinting furiously due to two triangles having been inked in on the inner side of his eyes. His bust at the Royal College of Physicians does not show these marks. Babington one hopes would be more sorrowful than angry because as Astley Cooper said "I never knew so good a man".

THE WASHINGTON GROUP OF HOTELS



Every doctor knows the tonic-value of an hour's relaxation *in soothing surroundings.* Those with practices in the area of Harley Street and Wimpole Street are well-placed to sample this kind of medicine at its best—in any one of four Washington-Group Hotels. At the Mandeville, the Clifton Ford, the Mostyn or the Stratford Court, service is smoothly efficient—without being 'busy'—the food is really good, the atmosphere one of tranquil elegance.

For lunching or dining with colleagues or friends, talking shop, or just relaxing . . . many leading members of the medical profession use the Washington Group Hotels. And there are first-class facilities for small or large parties, full-scale Conferences and Banquets at fixed-budget prices.

The Washington Group of Hotels
16 Half Moon Street, London, W.1.
Telephone: Mayfair 7522

WASHINGTON HOTEL Curzon Street, Mayfair, London, W.1
MANDEVILLE HOTEL Wigmore Street, London, W.1
ST. ERMIN'S HOTEL Caxton Street, London, S.W.1
FLEMINGS HOTEL Half Moon Street, Piccadilly, London, W.1
GREEN PARK HOTEL Half Moon Street, Piccadilly, London, W.1.
STRATFORD COURT HOTEL Oxford Street, London, W.1
CLIFTON FORD HOTEL Welbeck Street, Mayfair, London, W.1.
MOSTYN HOTEL Portman Street, London, W.1
THE LONDONER Welbeck Street, London, W.1 *(Opening shortly)*

COURAGE & BARCLAYS & GUY'S

Last week four Guy's men proved once again that what is learnt in S.E.1 is successfully applicable throughout the world. The demonstration took place in W.C.1 at the final of the London University Beer Drinking Competition in aid (though no one knows how) of the World Refugee Year. Previous heats had reduced the entrants to 6 four-man teams. Fresh from *The Miller* the Guy's team, Pagliero, Fanning, R. J. Smith and Connolly, were determined to prove championship beer-drinking a gentleman's accomplishment. They were, as Smith proudly noted, the only non-bearded team in the final, and, in contrast to the dribble-proof clothing of the other contestants, arrived at *The New Merlin Cave*, Margery Street, immaculate in clinical suiting declaring "We'll win this smoothly".

The atmosphere was turgid. There were nearly 200 people, beer, Courage and Barclays officials, beer, Press, beer, and a detachment of 'Pathé Pictorial' complete with arc lights and cameras. Each team had to drink 12 pints, 3 pints per man successively, timing being from the glass leaving the table full, to it returning empty. The commentator was T.V. actress and film star Adrienne Corri, who drank a preliminary exhibition pint with, Smith observed, "a most attractive style". Regent Street Polytechnic set the pace with a speedy 76 seconds for their 12 pints, which sent them way ahead of other contestants, particularly Bart's, who put up a distinctly flatulent performance. Guy's quaffed last. With the arc lights upon him, feet planted firmly apart, and using a characteristic two-handed grasp, the No. 1, Pagliero, enveloped his first pint in 4 seconds. This was an effervescent start for Guy's, but too fast for a cameraman who was heard to gasp "Christ—I've missed it". (He had ample time a bit later to record the kiss with which Fanning, after devouring his three pints, rewarded Miss Corri).

The team set about their task devotedly. They drank as if the beer was free. It was; and with an aggregate time of 68 seconds, Guy's were clear winners.

Before the prize-giving a subsidiary individual 'Yard of Beer' contest was held. Undeterred by the information that the reigning Courage's champion was 'Frank The Tank', Pagliero with a nonchalant gulp went on to win a further first prize of 12 bottles of Imperial Russian stout. There were prizes for everyone: a tankard for the fastest individual pint—Pagliero's 4 seconds, 'Courages Cock Quaffing Cufflinks' for the team as permanent mementos, and a 4½ gallon barrel of beer team prize. The latter was not intended as a perpetual trophy, which is as well because later that night it slipped from their combined grasp on to a man's foot causing a comminuted fracture of the distal phalanx of the right big toe. Subsequently the foot was found to belong to Connolly the team's No. 4.

Significant rather than sad, the misfortune emphasized the point Connolly himself had made earlier in the evening when, bitterly disappointed at his "slow" time of 22 seconds for the three pints, he announced "The time has come to retire: I will hang up my glass".

R.M.

The Quodlibet Society

The next meeting of the Society is on Thursday, 7th April. The guest will be Mr. Michael Farr who is talking about "Design and Taste". Mr. Farr is Director of Information for the Council of Industrial Design, and until last month was editor of its journal *Design*. As usual the meeting is at 8.0 p.m. in the new Students' Club.

WORLD REFUGEE YEAR

The stalwart efforts of the Students' Union in connection with the World Refugee Year will be fully reported in the "Gazette" at a later date. Among recent schemes (see "Passim"), a notable success was the "Circle of Pennies" in the Park, pictured here, which raised £21.

CORRESPONDENCE

Letters to the Editor of the Gazette

The King and the Hospitals' Cup

From Mr. N. L. Eckhoff

SIR,—I am afraid my letter to you which was published last week was not entirely accurate. The season to which I referred was the season 1921-1922, and King George presented the cup to Mr. Doherty on 15th March, 1922. There are comments and photographs in the *Gazette*, Volume 36.

I have since discovered that King George VI attended with the Queen on 20th March, 1946, when St. Mary's beat Guy's by 18 points to 8. There are descriptions and photographs in *Gazette* Volume 60.

Yours etc.,

N. L. ECKHOFF.

Keats' House,
Guy's Hospital, S.E.1.

SIR,—I think Mr. Eckhoff is in error when he says that King George V never attended the Cup Final after 1921. He was there in 1922 when we beat London by a huge margin, in fact he was heard to say that he had never heard of such a high score in Rugby. After the match Edney and I had tea together and although we were personal friends I do not recall him ever mentioning the displeasure of the King. I did not attend the match in 1923 as Treth had me in a plaster spica but I was there in 1924 when we played King's College Hospital and I believe the King was there on that occasion. The point I wish to make is that if the King's car was impeded slightly by excited Medical Students he was certainly not so petty as to refuse to attend the Match again.

Yours etc.,

JOHN JAMES.

"Penlee",
Horley, Surrey.

Guy's and the Blitz

From Dr. P. M. F. Bishop

SIR,—With reference to the letter I wrote to Lord Cunliffe on 31st December, 1940, telling him of the damage the Hospital sustained in the previous night's Blitz I am sure that his principal object in sending a copy of the letter to you was to remind you that we had some exciting times at Guy's during the war.

Lest anyone should assume, on reading the letter, that any credit was due to me for the conduct of the affairs of the Hospital on that particular night I should like to make it clear that on that occasion I was on leave at my home near Cambridge and that Mr. Hedley Atkins was deputizing for me. I returned to Guy's the following morning and when I had ascertained the details of the events that had occurred, made a report in my capacity as Deputy Superintendent to the Treasurer who at that time was serving at the Air Ministry.

Yours etc.,

P. M. F. BISHOP.

Guy's Hospital, S.E.1.

Married !

From Dr. Keith Simpson

SIR,—Many hundreds of Guy's men and women will, I have no doubt, hardly believe their eyes when they read that 'the boy Ireland', as he is recorded in the Minutes of the Gordon Museum Committee book of 1923, was last week married to Mrs. Mary Stock.

After several score years of generally blameless service to the School as a reactionary bachelor (he has always said he couldn't afford such a luxury as marriage) Ireland has succumbed at last, and we shall wish him well.

Yours etc.,

KEITH SIMPSON.

Guy's Hospital, S.E.1.

Well ?

SIR,—May I ask if some attempt is being made to rid our economy of the individual ? To eliminate what I have been assured is the human factor, and fabricate some sort of shadow substitute elsewhere to further a political plan ?

Techniques have developed apace which give the illusion of substance to shadow. I may be mistaken in these things and unqualified to judge. Perhaps someone will elucidate and allay my fear regarding substance and shadow.

Meanwhile I venture to quote a passage from Sir R. W. Livingstone written between the wars :

> "We should have been spared much disappointment since 1918 and been nearer to our goal, if we had remembered that institutions are wrested to the uses and moulded to the nature of those who work them, and that men are saved by their virtues not by their political machinery."

Yours etc.,

JOHN DOMINICK.

Treniffle Lodge,
Lawhitton, Nr. Launceston,
Cornwall.

We find this letter, from the correspondent who thought that the Editors wrote under the threat of "a lead pipe" most reassuring.—EDITOR.

REVIEW

Hale White's Materia Medica. Revised by A. H. DOUTHWAITE. 31st Edition, 1959. Published by J. & A. Churchill, London. *Price* 25*s.*

"The book is small . . . a carefully worded, well-arranged, intelligible book, a book from which it is easy to get clear ideas.

"The drugs are arranged in groups according to their principal properties . . . Each drug, after all that is necessary has been said of its pharmacy, is dealt with under two heads, its action and its application, or pharmacology and therapeutics; this is what students who wished to make head or tail of the subject, have hitherto had to do for themselves. The distinction is simple, natural and intelligible.

"On these grounds, the book must be valuable to students preparing for examinations. But in addition to this the therapeutical side is treated in such a way as to be of constant use in the practice of medicine."

There is little to add to this account of the first edition of Hale White's Materia Medica which appeared in *Guy's Hospital Gazette* in 1892. Nineteen editions came from the first author and there have so far been twelve from the second. The thirty-first edition is as fresh and stimulating as the first, and the rise in its price from seven shillings and sixpence in 1892 to twenty-five shillings today seems an unusually modest increase.

M.H.L.

A Short Textbook of Surgery. 7th Edition. By C. F. W. ILLINGWORTH, C.B.E. J. & A. Churchill, Ltd. *Price* 45*s. net.*

Twenty-one years have passed since the 1st Edition of this textbook. This edition has been completely revised, much of it rewritten, and the major surgical advances of recent years included.

The continued popularity of the book is certainly due to its brevity. It is useful to the student starting in the wards as a summary of clinical surgery and to the final student for revision before his examinations. The book is reasonably priced and the illustrations are clear and informative.

R.G.B.

Muir's Textbook of Pathology. Revised by D. F. CAPPELL. Seventh Edition, 1958. London: Edward Arnold (Publishers) Ltd. Pp. xx and 1201; 733 figures. *Price* £3 10*s.* 0*d.*

Sir Robert Muir died last year in his nineties, and this seventh edition of his well-known textbook is the second to be revised by Professor D. F. Cappell, whose stated object is to meet primarily the requirements of medical undergraduates. Rather less than the first third of the book sets out the general principles of pathology, while the remainder deals with the special pathology of the different systems of the body.

Much new material has been incorporated in this edition, especially in the chapters dealing with the blood and the endocrine organs. These two sections, together with those devoted to the respiratory, alimentary and hepato-biliary-pancreatic systems, and that on the bones, joints and muscles, are particularly well written. Professor D. A. K. Black has assisted in the preparation of a helpful section on fluid balance and the pathology of œdema. Professor Cappell has also been at pains to provide critical summaries of important recent work, and the following list of some of these topics will illustrate the wide scope of his additions: properdin, immune tolerance, and auto-immunization; the raised incidence of leukæmia in the survivors of the atomic bombs, and also among patients who have received much irradiation to the spine for ankylosing spondylitis; the significantly increased incidence of malignancy—especially thyroid carcinoma—among children irradiated in early life on account of alleged thymic enlargement; the value of glutamic-oxalacetic transaminase estimations, the myocarditis of Coxsackie infection in infants, and the part played by *Staph. pyogenes* in the 1957 influenza epidemic; radio-active chromium in the calculation of red cell survival *in vivo;* thrombotic microangiopathy, and the kernicterus of prematurity; the carcinoid syndrome, the cause of cœliac disease, and the renal lesion of potassium deficiency; nuclear sex in Klinefelter's and Turner's syndromes, primary aldosteronism, endocrine ablation in mammary carcinomatosis, and recent work bearing on the ætiology of Hashimoto's disease. There are many more such valuable additions to bring the reader abreast of recent advances.

Constructive criticism on some points of detail is in order, for there are a few ambiguous statements which have somehow escaped revision. Tuberculosis, for instance, is stated (p. 91) to account for nearly 10 per cent. of all deaths in temperate climates: your reviewer has no data at hand for the temperate zones as a whole, but as far as England and Wales are concerned the Registrar-General's tables for 1957 make this figure almost precisely ten times too high. In the light of the known occurrence of peripheral neuropathy due to neural amyloidosis in the primary type of that disease, the statement (p. 164) that the nervous system is never affected by amyloidosis is too sweeping. Furthermore, in a discussion (p. 932) of the functional effects of amyloidosis, this disease by itself is said not to cause urea retention, which is not your reviewer's experience; (nor is there any mention that it can kill). The already good section on urinary calculi would be the better for some expansion of the discussion of the factors favouring their formation. Finally, one hopes in the next edition to see, in the section on blood groups and blood transfusion, a mention of the indirect Coombs' test as a valuable aid to selection of compatible blood for potentially "dangerous recipients"; and, in the description of "temporal" arteritis, a reference to the not infrequent development of blindness during the course of the disease. It is re-emphasized that these are criticisms of isolated details.

This edition is printed on slightly larger pages than its predecessor, and there are 111 more of them. Illustrations have increased in number by 97 with a consequent rise in the general standard. The price has gone up by a pound. A list of suggested further reading on both general and special topics is included at the end of the book. The 25-page index is a good one with the page references to the more important descriptions printed in heavy type: sampling revealed no errors. Misprints are few, and the production of the book excellent.

This is a text written with the authority of wide experience. It is recommended to clinical students.

G.A.K.M.

Fundamentals Of Gynaecology. By S. J. BEHRMAN, M.S., M.R.C.O.G. and J. R. G. GOSLING, M.D. Pp. 416. Oxford University Press. *Price 76s.*

This is a new textbook on Gynæcology by two authors from the University of Michigan Medical School.

The subject is covered comprehensively and the opinions expressed would be readily acceptable in this country. The book is well presented and very well illustrated with numerous charts, diagrams and photographs to clarify the text. iThe best feature is the inclusion of many photomicrographs to explain the essential histopathological features.

No attempt has been made to go into minute details of treatment or describe operative technique, which is out of place in a book of this kind.

The chapter on the anatomy of the female pelvis is concise, well illustrated and easily read, and the chapters on virilism and intersexuality and the section on malignant neoplasms are particularly good.

Although the cost is rather high, I found this an excellent book that would be adequate for any final examination and, with its up-to-date references, would give a sound basis for the postgraduate interested in gynæcology.

A.S.F.B.

SPORT

WOMEN'S LACROSSE

Inter-Collegiate Tournament

The Women's Lacrosse Club has been unable to raise a regular team this season, but despite the lack of fixtures they were able to enter a strong team for the Inter-Collegiate Tournament at Motspur Park, on Saturday, 12th March. This is the fourth successive year that Guy's has entered for this annual event, and this year was able fully to enter into the strong competition to reach the finals.

The record number of nine teams were divided into two sections and in their section Guy's won two matches and drew two, being unbeaten throughout the tournament. This resulted in tying top of their section with Q.E.C., but unfortunately the latter team had a slightly better goal average and so went through into the final.

In their first match the team took a little time to settle down but in the attack M. Abel, P. Field and M. MacKeith had the advantage of having played together in the University team. and the other attacks combined well with them, especially F. McGregor who shot several useful goals. Steady play by the defences especially A. Thomas, J. Hall and P. Key overcame many attacking moves by the opposing teams and gave support to A. Kenshole in goal.

By the end of the tournament it was obvious that Guy's has a potentially very good team, and it is hoped that this success will encourage the club to make and carry out a much fuller fixture list next season.

Results :

Guy's v. Queen Mary College, Won 4-3.
Guy's v. Royal Holloway, Drew 1-1
Guy's v. Bedford, Drew 1-1
Guy's v. Queen Elizabeth College, Drew 2-2
Final—Queen Elizabeth College 2
Goldsmiths 0

Team : A. Kenshole, P. Key, C. Shepherd, J. Hall, H. Stagge, A. Thomas, M. Abel, M. Mackeith, A. Pretty, F. McGregor, P. Field, J. Hawker.

HOSPITAL INFORMATION

GUY'S HOSPITAL DENTAL SCHOOL

Commencing 8th June, 1960, a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The Course will consist of 6 sessions, from 6.00 p.m. to 8.00 p.m., on 8th, 10th, 13th, 15th, 27th and 29th June, 1960. Fee £10 10*s.* 0*d.* Further particulars and forms of application, which should be returned as soon as possible and not later than 21st May, 1960, may be obtained from the Dean, Guy's Hospital Dental School, S.E.1.

PASS LIST

UNIVERSITY OF CAMBRIDGE

Pharmacology
Lent Term, 1960

N. J. Barwell
J. D. F. Bellamy
R. D. Blacklidge
R. J. Elliott
E. J. W. Gumpert

CONJOINT BOARD

L.R.C.P., M.R.C.S.
First Examination
March, 1960

Pharmacology

P. M. D. Anderson
C. C. Bates
Marcella A. Chamberlain
A. F. Gazdar
J. C. Harding
S. Haynes
N. E. Jensen
J. J. Kimerling
N. J. Knight
Loretta S. W. Ko
J. K. C. Maile
M. C. Pietroni
D. E. Rees
J. M. I. Simpson
M. D. Steyn
E. R. Walrond

APPOINTMENT

Dr. M. D. Warren has been appointed Senior Lecturer in Social and Preventive Medicine in respect of the joint post he holds at the London School of Hygiene and Tropical Medicine and the Royal Free Hospital School of Medicine.

NURSING NEWS

Entered :

Sister M. Parkins to *Evelina Night Duty*).
S/M M. Murray to *Victoria.*
S/N J. Robinson to *Evelina.*
S/N S. Nuttall to *Evelina.*

Transferred :

S/N M. Charles to *Front Surgery.*

PERSONAL

Special rates for Guy's staff, students, nurses and Subscribers to the Gazette. 1 line 4s. 3 lines 10s. 6d. Box Numbers 1s. extra.
Ordinary rates 10s. 6d. per line. Box Numbers 1s. extra.

To Let

LADY offered comfortably furnished bedroom and sitting room, large flat, garden, all facilities, £3.15.0 inc. Light. C.H.W. Francois. HOP 7575 Evgs. SYD 3592.

CARAVAN. (6 berth), on private site close to beach, riding and sailing. Vacant July 23rd—August 13th. Write Cook, 101, Station Road, Redhill, Surrey. Redhill 4161.

Required

ASSISTANT DENTAL SURGEON with view to partnership or group practice on shared expenses basis. Woking, Surrey. Box No. 219.

For Sale

CAMERA. Penflex 35 mm f 3.5 Lumar Lens (interchangeable), plus case, excellent condition, see Guy's. £22. Box 218.

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage, Packing 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been poted in this column are asked to send the Editor netails of their publication.

Aldridge, Terence H. The Difficult Lower Denture. *Brit. dent. J.*, 1960, **108**, 229.

Blaxter, P. L. and another. Peripheral Iridectomy in Closed-Angle Glaucoma. *Brit. J. Ophthal.*, 1960, **44**, 114.

Cooke, B. E. D. Recurrent Mickulicz's Aphthae Treated with Topical Hydrocortisone Hemisuccinate Sodium. Double-blind Controlled Clinical Trial. *Brit. med. J.*, 1960, i, 764.

Kennedy, G. C. Appetite and Obesity. *Med. Pr.*, 1960, **243**, 211.

Martin, J. K. Cerebral Palsy in Manitoba. *Canad. med. Ass. J.*, 1960, **82**, 411.

Ring, P. A. Operative Treatment of Osteoarthritis of the Hip. *Brit. med. J.*, 1960, i, 827.

Ritchie, John C. The Orthodontic Treatment of a Set of Uniovular Quadruplets. *Dent. Practit.*, 1960, **10**, 73.

Rowe, N. L. and another. Swelling of the Jaws. *Brit. dent. J.*, 1960, **108**, 231.

Strelling, M. K. Infantile Scurvy. *Brit. med. J.*, 1960, i, 701.

Van't Hoff, W. and others. Aldosterone Excretion in Hypopituitarism and After Hypophysectomy in Man. *Amer. J. Med.*, 1960, **28**, 229.

Warren, M. D. The Hospital Resettlement Clinic and the Community Care of the Handicapped. *Med. Officer*, 1960, **103**, 69.

CHANGE OF ADDRESS

J. F. R. Adams, F/O R.A.F., 205, Officers' Married Quarters, Royal Air Force, West Malling, Kent.

BIRTHS

BEARD.—On 29th February, 1960, to Mary and Randolph Beard, M.Chir., F.R.C.S., a daughter (Rosemary Sarah Louise).

BELLIS.—On 3rd March, 1960, to Avis and Gareth Bellis, M.B., B.S., a daughter (Susan Catrin), sister for Janet and Hugh.

MAY.—On 15th March, 1960, at Kingston Hospital, to Thelma (née Dowson), wife of David May, M.B., B.S., twin sons (Richard and Nicholas), brothers for Christopher and Josephine.

MORRIS.—On 6th February, 1960, at 3, Robinson Street, Niagara Falls, Ontario, to Nesta (née Martin), R.S.C.N., and Peter Morris, Ph.D., a daughter (Charlotte Louise).

PLOWRIGHT.—On 6th March, 1960, at West Hill Hospital, Dartford, to Jill (née Cantrell), S.R.N., and Howard Plowright, M.B., B.S., a daughter (Susan Jane).

SARTORY.—On 7th March, 1960, at Nuffield House, to Pamela (née Johnson), and Frank Sartory, M.R.C.S., L.D.S., a daughter (Louise Gay), a sister for Geoffrey, Chirlaine, Rosemary and Jonathan.

WYNNE GRIFFITH.—On 17th March, 1960, at Welshpool Cottage Hospital, to Jean (née Gibson, L.D.S., and Michael Wynne Griffith, L.D.S., a son (Richard Christopher).

MARRIAGES

BOYCE—UDALL.—On 13th February, 1960, at The Congregational Church, Purley, Surrey, Kenneth Malcolm Boyce to Sheila Mary Udall, S.R.N., S.C.M.

COLEMAN—GREEN.—On 13th February, 1960, at the Parish Church, Woodley, Berks, Grahame, P. Coleman, M.R.C.S., L.R.C.P., of Leatherhead, Surrey, to Shirley Green, S.R.N., of Woodley, Berks.

GILLON—STEVENSON.—On 12th March, 1960, at St. Peter's Church, Portland Road, Hove, Michael Gillon, B.D.S., to Jean Stevenson.

DEATHS

ERULKAR.—On 28th February, 1960, Abraham Solomon Erulkar, M.D.(Lond.), M.R.C.S., of Bombay, India.

KNOWLES.—On 10th March, 1960, at Peppard, Oxon, Charles Heygate Knowles, L.D.S., partner and friend of the late H. W. Messenger and of H. L. Messenger of Hampstead.

TURLE.—On 10th March, 1960, Glanville Frederick Charles Turle, L.D.S., R.C.S., aged 66 years, of Torquay, Devonshire.

EDS. { J.A.W. D.N.I.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1871 *9th April,* 1960 *One Shilling*

PASSIM

DESPITE the bright Spring weather the College was not a restful place on Budget day. By evening, however, when the broad outline of our financial fate had become relatively clear, wine lists were to hand, cinema reviews thoughtfully re-read, and pipes, with sorrow, put aside. The Chancellor in his speech confessed himself worried about the proposed salary award to the medical profession; we would assure him that his unease is but a fraction of that endured by the junior hospital staffs. In the long view the immediate increase in salary scales may be of less importance than the establishment of a mechanism for their annual review; we earnestly hope that such may be established. Meanwhile symbolism is in the air, and worried eyes search window sills for even a sparrow's egg.

The last member of the staff to be elected Fellow of the Royal Society was Dr. Grant in 1934, so that we are exceptionally pleased to congratulate Dr. P. A. I. Gorer upon his recent election. Dr. Gorer, who qualified from Guy's in 1932, has been Reader in Experimental Pathology at Guy's for several years. It is primarily for his work upon immunology in relation to malignancy and tissue transplants that he has received this outstanding honour.

It was with great regret that the *Gazette* Committee recently accepted the resignation of Dr. John Wall from the post of Editor. During the two and a half years that he has held this position the *Gazette* has attained a very high standard which it will be indeed difficult to maintain. Dr. D. N. Landon has been appointed Editor.

We would like to welcome Mr. Roy Meadow as assistant Editor. A member of the committee and occasional contributor to the *Gazette*, he is perhaps better known as one of the witty librettists of the last two Resident's Plays.

We also offer our congratulations to Mr. D. R. Harvey who was awarded the Handcock Prize in Surgery, by the Royal College of Surgeons, at the examination held in January, 1960.

We are delighted to learn that in future there will be some relaxation of the rules of that so exclusive club, the nurses home. From 1st April, state registered nurses may entertain their parents and friends, male or female, in their rooms until 9.30 p.m. Student nurses may entertain their parents and female friends until the same time.

The Boxing club again earn everyone's congratulations in winning the United Hospitals' Boxing contest. This is we believe their twelfth victory in the last thirteen years.

Elsewhere we print an official prize list of the winners of the draw in aid of the fund for "World Refugee Year", and also a letter from the Chairman of the Students' Union outlining their plans for future money raising. We need only say that their success so far has been such that their ultimate target has been raised from £100 to £1,000.

An uncelebrated anniversary, but not unnoted in the medical school, was that on 1st April, when Miss Featherstone completed twenty-five years as secretary to the Dean. We hope that she will forgive us for mentioning it.

For the first time in the history of the competition, both the Senior and Junior inter-hospital hockey trophies have been won by one hospital. We congratulate Guy's Hockey Club on this unique achievement, and in particular their captain Mark Blake, who apart from leading Guy's to success has played throughout the season for Hertfordshire, the winners of the county championship.

A special material has been designed, with a suitably energetic motif, for those who completed last year's Brighton Walk. The Student's Union announces that they have ties for the men to wear, and cushion covers for the girls. It is not yet known how the Parisian fashion houses will respond to this challenge.

GUY'S DIARY

APRIL			Exhibition. *Retention of Urine.*
11th	M	1.00	Dr. MacKeith. Clinical Lecture. *The Infant who may be Blind.*
12th	T	1.00	Dr. Hunter. Clinical Lecture. *Toxicology of Metals used in Industry.*
19th	T	1.00	P. F. Cortill, *M.C.*, M.D., F.R.C.P. *Preventive Aspects of the Toxaemias of Pregnancy. (Based on a New Zealand Survey).*
22nd	F	1.00	Mr. Clarkson. Clinical Lecture. *The Role of the Casualty Department in Hospital Services.*
23rd	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.

The photographs of the Students' Union "Penny Circle" published in our last issue were taken by Mr. G. W. Cooke, and we apologize for not making such an acknowledgement at the time.

NOTICE

GUY'S HOSPITAL STUDENTS' UNION

The Committee of the Students' Union wishes to announce the following official list of prize-winners in the World Refugee Draw, held in the Anatomy Theatre, on Monday, 21st March.

Prize No.	*Ticket No.*	*Winner*	*Prize*
1	9048	J. A. Zadeh	Fur Coat.
2	5299	Tilly, The George Inn	Silver Cigarette Lighter.
3	Ticket Lost	Miss Rose	Smiths Book Shop.
4	1863	A. Koczynski	Ronson Cigarette Lighter.
5	10591	J. G. Weston	Parker Fountain Pen.
6	4735	J. Dalby	Bamboo Case and Muscatels.
7	6823	D. Lee	Electric Shoe Polisher.
8	2757	Mrs. I. D. Thomas	Book Token.
9	4541	E. Abbott	3 Bottles Wine in Basket.
10	10571	D. Paston	Liqueur Chocolates and Liqueurs in Basket.
11	0624	Miss McGregor	Bottle Sherry and Half Bottle Cherry Brandy in Basket.
12	1999	? Guy's Porter	Six Drinking Tumblers.
13	No. Defaced	Mr. Tate	Toy Dog and Building Blocks.
14	5434	J. Wall	2-lb. Box of Chocolates in Basket
15	1336	? Robson	4-lb. Box of Biscuits.
16	8720	Mrs. L. A. Taylor	Child's Satchel.
17	10637	P. S. Akehurst	Stockings and Perfume.
18	0235	'To the Oldest in the Ward' Patient	Stockings and Perfume.
19	0720	M. Howell-Evans	4-lb. Box of Chocolates.
20	1547	Mrs. E. Lintott	Hors D'Œuvres Tray.
21	6106	P. Sherwin	Year's subscription to *Pulse*.
22	9791	Grey	Man's Dressing Gown.
23	2121	Mrs. E. Page	Old Spice Shaving Set.
24	4382	Rex Bloomstein	Needle Work Box in Basket.
25	11740	S. H. Bailey	2 Free Lunches, Guy's and Dolls.
26	10763	Matthews	2 Free Lunches, Upper Spit.
27	1707	Andrew Smith	2 dozen Cans Beer.
28	1546	Mrs. E. Lintott	Mystery Prize, Live Piglet.

The Prize for the oldest patient in the wards, went to Mrs. Clara Poole, of *Mary* ward, aged 90 years.

The above prizes may be claimed at any lunch-time from the Students' Union Office, in the Dental School.

The total collection for the World Refugee Year Fund now stands at £432 19s. 7d. The collection will continue on into next term and there will be a Scooter Race and an evening at the Whisky a'GoGo Club next term in aid of the Fund.

E. J. N. CHATER,
Chairman, Guy's Hospital Students' Union.

OBITER DICTUM

An old friend in the Front Surgery :

"I may be non compos mentis, but I know what I am saying".

THE THEORY AND PRACTICE OF REASSURANCE

By R. C. MACKEITH, F.R.C.P.

Reassurance is usually taken to mean one of the minor forms of psychotherapy used for patients with symptoms which are not due to serious or dangerous illness. Many of these symptoms are those commonly said to be "functional".

Such cases are common. Of cases seen in the Casualty Department at the Middlesex Hospital, 27 per cent. had no physical basis for their symptoms (Mestitz 1957). Of the cases referred to hospital out-patients by a London general practitioner (1 in 10 of the patients he saw), 33 per cent. were found to have neurosis or stress disorders (Hopkins 1956). 43 per cent. of his own consultations were for stress disorders (Hopkins 1955). Other figures for general practice vary from 10 per cent. to 72 per cent. (Berger 1956).

In his papers, this general practitioner, Hopkins, goes on to say that these patients with functional disorder can be treated by major psychotherapy or by minor psychotherapy—which, like minor surgery, is done by the non-specialist.

Among the "more superficial" types of psychotherapy he includes reassurance. I believe that *reassurance as commonly practised is often ineffectual*, but if we think about what is involved in reassurance we can make it less superficial and more efficient without it becoming unduly time-consuming.

To reassure is "to restore a person to confidence". If a patient is lacking in confidence, he has fear or anxiety and the doctor has to deal with and, if possible, remove it. Some people use the word fear when the feeling is well based and speak of anxiety when it is not a reasonable feeling. On an analogy with depression we might speak of exogenous fear and endogenous anxiety but I don't draw such a clear distinction. Some fears are known but hidden by the patient, others not really known to him.

What is a reasonable or unreasonable feeling depends partly on how much the person knows. To give an example of fear due to ignorance; A primiparous mother may fear she has failed her baby because he gets but little milk from her breasts on the second or third day. If she learns that commonly the milk does not "come in" till the fourth or fifth day, she will be reassured. And very often it happens that at the next feed the baby gets much more; the mother's fear has been inhibiting the draught reflex.

This may be taken to illustrate what is a *fundamental principle* in the theory and practice of reassurance, *that the person's fear of anxiety must be uncovered or discovered.* In this case the mother learnt that her fear that she had failed her baby was an unnecessary fear and so she was "restored to confidence".

A widow brought her 7 year old son to see me because he had recurrent abdominal pain. After taking a history and examining him I explained that this symptom was common in children and that it did not indicate any organic disorder and that it was not due to appendicitis nor to tuberculosis of the bowel. I saw him at intervals for 2 or 3 months and the mother said he was rather better. Then the

penny dropped. I asked about her husband. He had died of a carcinoma of the colon diagnosed by a barium enema done because he had abdominal pain. The mother admitted that she thought the boy might have the same trouble. A barium enema was done on him; the negative result was reported and explained to the mother and the boy had no more abdominal pain.

From this story several helpful ideas can be gained. I emphasize the need for *recognising the patient's (and the mother's) specific anxiety.* This *may* be revealed when you ask why he has come. But it *is not always wise to accept the stated complaint as the real one.* It is respectable to go to a doctor with a bodily symptom; many people are afraid they will be laughed at if they go asking for help merely because they feel anxious. And of course very many patients do not realize that the bodily symptom is due to an anxiety. When I was a house physician I saw on Saturday afternoon, a young man of eighteen, who told me he had come because of headaches. In those days, young men sometimes worried about masturbation, having been told it was a sign of weakness or would drive them mad, so finding no obvious cause of the headache and thinking it sounded functional, I explained that masturbation is almost universal among young men and has no ill effect. He seemed to be reassured and left. I completed my notes and walked along to the Hospital entrance; the porter said "Mr. Mac Keith, whatever did you do to that young man; he crawled in here half an hour ago, and went out down the steps 3 at a time ! ".

There are a number of *specific anxieties one gets to know* as being likely in certain situations; time can be saved by asking about them. It is much better not to do this at the beginning of the interview; but to do it at the end or on another occasion when the routine of history and physical examination has shown you to be thorough. If a child or young adult has fever and a headache, poliomyelitis or meningitis are often the fear. One gets into a habit of saying "This is not polio" just in case that was the fear and sometimes the mother will straighten up, looking as if she has shed a burden and say "Thank heavens, that was what I worried about." A cough to a layman may mean tuberculosis; diarrhœa in an infant, consumption of the bowels; enlarged glands in the neck, tuberculous glands.

(Note that the layman tends to think in terms of the medicine of 20 years ago.)

Abdominal pain often has already raised the bogey of appendicitis with the implied hospitalisation, anæsthesia and operation. This indeed provides one of the mechanisms of perpetuation or recurrence of abdominal pain. A child has an abdominal pain, perhaps from eating unripe apples. The doctor comes and wonders if it is the early stage of appendicitis. This may be a reasonable fear on his part but it may induce unwarranted anxiety. An association develops between anxiety and abdominal pain, so that when the child is anxious he feels abdominal pain and when he gets the pain his anxiety is heightened by fear of operation. Sometimes one finds that with the child and/or mother who is very fearful of this, a clear statement made after a thorough examination, that he has not a grumbling appendix and is not a likely candidate for admission to hospital,

anæsthesia or operation, may be followed by a disappearance of the recurrent abdominal symptoms. *Both the mother and the child need to be told the good news.*

Mothers of children with asthma may have the fear that the repeated attacks will cause lasting damage to the lungs, or that the attacks will persist into adult life. It would not be true to tell the mother that the child is bound to grow out of it, and it would be rash, for you may then be told that an uncle has asthma dating from childhood. But you can say that most children grow out of childhood asthma and you can say that we have medicines and methods today which were not available in the past.

A fear that is very real to some children is the fear of dying. I have a clinical impression that this fear is associated with limb aches. It is a fear that the child can be asked about directly. Some children know about death and they do not usually consider that it applies to them. Death only becomes fearful because grown-ups reveal that they are frightened of it.

A boy of $4\frac{1}{2}$ years, for some two years had wakened "about 4 nights every week screaming with pain in the legs". At the first interview I wondered if these attacks were nightmares or whether they were epileptic. At the second interview, a battery of fears, of dogs, of the dark and so on was revelaed and thinking that the ultimate fear was of death, I asked the $4\frac{1}{2}$ year old if he was afraid of dying. He pressed his lips together and nodded his head. On my suggestion his mother took him home and talked to him and let him talk to her about death and dying. It appeared that when he was $2\frac{1}{2}$ years a lady neighbour whom he knew had died and this had been "kept from him". He came back two weeks later having had only two slight attacks. One thing that interests me in how his admitting his fear and discussing it relieved his anxieties. It often does.

When a child, brought to you because he or she "never eats", looks plump and healthy, you may wonder why the mother worries. It may not have occurred to her to judge her child by the result, she may think children need to eat certain amounts laid down in feeding tables or books, but she may really be feeling disappointed because the child refuses what she has expended money and much trouble in preparing. These points may be offered and the mother may accept them, agreeing that she *has* felt frustrated and irritated.

When you say "don't worry" patients will often agree with you, but they usually come back with the original symptom still persisting or recurring. There was a *Golden Age* when patients implicity accepted what their doctors told them, never disagreed and never complained, but we are certainly not living in such a golden age now, and I doubt whether "don't worry" ever works for long. This is because "Nature abhors a vacuum". We may have explained that the child hasn't a grumbling appendix but we have not explained WHY he has been having attacks of pain. The mother may be temporarily relieved but if the pain comes again she will begin to wonder what other organ is wrong if it wasn't the appendix. It is necessary not only to say what the symptom is not due to, but also what it is due to. A simple statement that recurrent abdominal pain due to some anxiety of children in their school or home life is common,

or a physiological discussion of how normal reactive patterns may be exaggerated, will fill the vacuum and keep her mind at ease. You can offer the idea to her, describing the type of child who commonly gets such pains and asking if it seems to fit her child. In addition you can get the mother to keep a diary from which the precipitating causes of attacks may be identified.

To suggest that in all cases of anxiety one can find the specific anxiety and explain it away, would be an over statement. Some fears are well based but even these are often lightened by discussing and sharing them with the doctor. Sometimes the patient, the parent or the child seems rather to have a generally anxious outlook. He seems to have much *floating anxiety* and even if what seems to be the "specific anxiety" is discovered and shown to be unjustified and in addition an adequate explanation of the origin of the trouble has been given, the functional symptom continues.

The situation should then be reviewed to reassure yourself that the symptom *is* functional; one can set aside a longer time for interviews to try to find the source of the anxiety or it may be decided that the help of a specialist, a psychiatrist is needed.

The story given earlier of the widow's son who had recurrent abdominal pain illustrated not only this necessity of identifying the parent's (or the patient's) specific anxiety but also the use *of X-rays to support the doctor's explanation.* This is not always necessary and may not have been necessary here; I used it because I had not been very clever and felt that in such a case, negative X-ray would be extremely helpful in persuading the mother that there was no cancer present.

The use of auxiliary investigations for the purpose of reassuring is a confession that to some extent one has failed to inspire complete trust. Laymen today tend to know that for an injured limb, an X-ray is a necessity; I sometimes wish that all people with persisting coughs would demand chest X-rays; they may do so soon. I admit many of the chest X-rays I have taken of children are for the purpose of convincing the mother of what I already know, that the lungs are free of tuberculosis. If you do have a chest X-ray taken, make sure you tell the mother that "the lungs are clear".

Some lasting bodily or mental symptoms are certainly to be attributed to the poor way in which we have handled our patients. We endeavour not to make wrong diagnoses but anxiety can be induced by a "wantoness in inquiry" to use William Penn's phrase; doing endless investigations in an effort "to exclude" organic disorder without taking any steps to consider the possibility of it being phychological in origin, and to try and find the mother's underlying worry. *Excessive caution in treatment of symptoms can induce anxiety.* The "*routine follow-up*" carried on year after year can be as dangerous. We say "*Your child is completely well. We would like to see him in a month* to make sure that he is all right." Then, "Everything is just fine, bring him back in six months and we'll look at him again" . . . and so on. We may *say* the patient is perfectly fit, but how can he believe this if he is required to go back to the hospital again and again ? To him there must be something wrong if the doctor still wants to see him. "A 'follow-up' can be carried

out better than this but often it is not" (P. R. Evans). In an effort to avoid what might be termed "negative reassurance", I often tell patients that there is no need for them to come back but that I am interested and would be grateful if they would write or come to see me in a year's time.

Negative reassurance or the implanting of new fears can result from careless talk; I couldn't understand the behaviour of a parent of a child with a haemangeioma until I discovered that he was terribly anxious because I was doing nothing about what a doctor had told him was a tumour. The parents of a baby with pyloric stenosis may be very upset by hearing the word tumour used to describe the palpable pyloric lump.

We do well to remember the implications which certain "charged words" have to laymen. Tumour is an example. An unimportant head injury or a fit may cause anxiety because the head implies the intelligence and sanity. We should take care to dispel any anxiety there may be of intellectual damage or insanity. If someone's heart is affected, even by having merely an innocent murmur, the possibility of sudden death may seem very real for his relatives. Remember to tell them that his heart is not in danger of stopping suddenly. Verbal reassurance at the consultation may be supported by writing down a few notes to be read again when home is reached or writing a follow-up letter to the parents next day.

What has been said has dealt with reassurance in cases where no serious disorder was present. Much more will apply in conveying the diagnosis to patients or parents where there is organic disorder. For in such cases too, parents can have unnecessary fears. If you tell a parent that his child will always be a slow learner or intellectually below average, make sure he or she doesn't jump to the conclusion that the child will be a hopeless ament.

The Build-up

If you are to be efficient in explaining things to your patients and in persuading them, they must trust you. They will trust you as a member of a trusted profession; and to each of us working in hospital the reputation of the hospital gives support.

They will like and trust you if you are courteous. When the patient comes in, look up at him from your writing and greet him. Never omit a physical examination, even in the most "functional" person. A reputation for telling the whole truth is very valuable, don't spoil it by getting a reputation for hiding things. (A lecture on the theory and practice of deceit might be useful but for that there is no time here.)

What to do about giving bad news is something each of us has to decide. Do you tell people when the outlook is hopeless ? I believe you should usually, if someone asks for the truth. To have a reputation for telling the truth is especially useful for the rare occasion when you want to tell a lie.

Avoid omniscience. It is more honest and safer in the long run. You may need to explain that you are uncertain of the cause but that you are perfectly clear as to what must be done. Very often the mother's unspoken question is whether she is culpable; could she have done more. If you remember that this is a common fear, you

will remember to say "How well the child is cared for" or "No one could be doing more for the child than you are." Such a remark can be treasured for years and be a great comfort.

Conclusion.

To reassure is to restore confidence. Saying that there is nothing wrong is usually less efficient than identifying and dealing with a specific anxiety. Which in the case of a child may originally be in the mother or in the child. Reassurance includes not only a statement of what is not present but also an explanation of what does cause the symptom.

Never say "Don't worry" for that doesn't work. A mother should worry about her child, and an adult about himself; we have to see that they don't worry unnecessarily or excessively. If possible find the patient's specific anxiety; some are common, some are very individual. In the case of a child the anxiety responsible for a symptom may be in the mother or in the child. Reassurance includes not only saying what is *not* present but also an explanation of what causes the "functional" symptom. With children reassurance and explanation is made to the child as well as to the mother.

I once had the idea of founding a society.

Rule 1 was Never say Don't worry.

Rule 2 was No reassurance; only explanation.

Perhaps that summarises what I feel.

CORRESPONDENCE

Letters to the Editor of the Gazette

World Refugee Year

SIR,—The Union has several more plans for World Refugee Year next term. Our initial target was £100, we have raised £455 and our target is now £1,000. The Penny Circle raised £21: the Jazz Band busked on London Bridge Station to the tune of £60, Starvation Lunches proved popular, and the Raffle reached £240. Mrs. Boland and the mystery-prize piglet graced the Draw and Stephen Grenfell had to compete with the ULU beer-race film. The physiotherapists have gone in for private enterprise including a sweepstake on Prince Andrew. Local shopkeepers were generous with prizes and individuals have given us another £60.

Next term : 'Friday lunch is starvation lunch'. The Students' Club will be open to anyone with 2/6—In return, bread, butter, cheese and orange squash. This the experts say is absurdly generous. At one college they offer a handful of rice and a cup of soup.

A Refugee Shuffle at the Whisky a'GoGo Club, Wardour Street. The date will be Tuesday, 24th May, and there will be a cabaret. Tickets will cost 10/- and the proceedings will end around morning.

Other plans depend on the police. We hope to use the Brighton Walk (provisional dates Friday, May 27th-28th) as a means for more fund raising. Plans are also under way for a scooter race with Bart's. and U.C.

Yours etc.,

E. J. N. CHATER,

Guy's Hospital, S.E.1. *Chairman, Guy's Hospital Students' Union.*

Mr. G. A. R. Winston

SIR,—The dinner and presentation to mark the retirement of George Winston as Fixture Secretary to the Rugby Club, will be held on Tuesday, 3rd May, at the "Angel" in Rotherhithe.

Any old members of the Guy's Rugby Club wishing to attend will be most welcome, and should contact me as soon as possible c/o The Hospital.

Yours etc.,

Guy's Hospital, S.E.1. B. BLACKWELL.

"GETHSEL"
by
Martin Bax

Produced by JEAN-PIERRE VOOS

The Theatre Club has now a formidable reputation to sustain; and yet there was no disappointment in their recent production—"Gethsel". This play, an original work never before performed, was chosen to celebrate the 15th anniversary of the Club's founding. A production written, produced and enacted by Guy's men and women.

Martin Bax left Guy's only last year after a very full three years following upon an even more energetic period at Oxford. He was not, naturally, entirely satisfied with his play and in fact made some minor alterations during production. It remains a straightforwardly constructed play of ideas set in an ancient Anatolian civilization. Tax collecting soldiers arrive at a remote hut where an old potter and his daughter live in isolation. The dramatic action lies in the way their lives, and that of the soldiers' leader, Lucan, are altered by this contact. One imagines that the remote setting in space and time was deliberate to produce, first, a liberation from any contemporary prejudice of ideas in the audience, and second, to provide greater freedom of plot. The theme of the play is a large one: to what end should we devote our lives ? and the answer : to further mutual understanding and creative living together. The idea is carried across both in the idea of the Potter's elusive village, and in a long dialogue in the second Act between Maria and Lucan. Here the author ousts the playwright altogether, leaving the producer a very difficult task of making good theatre from philosophical dialogue. One other, smaller, fault is the failure to resolve the affair of Ajax. As it stands, Lucan is guilty of unnecessary cruelty (suspended but not cancelled sentence of death) and vacillates unforgivably ; in fact, one finishes the play not knowing exactly what did happen to Ajax. A pity also, surely, since this is the only direct evidence of Lucan's handling of his men in a difficult situation. This sub-plot is excellently built up and is then lost sight of in the resolution of the major themes.

On the whole, of course, the play is a success. It contains much really vivid writing and characterization, and was at times quite beautiful. Its major fault was length and the elaborate nature of some of the dialogue. Mr. Bax had not, I think, realized how much extra meaning can be added to lines by producer and actor, and so had made many of his lines unnecessarily explicit and repitious. The theatre is a world of illusion and thrives on hints and dignity; its ideas should gradually come to possess the audience during a performance or a reading—if they are to have real power—rather than being available exactly in the dialogue, however well expressed and detailed.

This production was the third by Mr. Voos that we have seen at Guy's. He has now left us to enter the professional theatre at the Pitlochry festival, having contributed more to the musical, artistic and theatrical activity at Guy's than any other person during his time as a student. We wish him luck in this new venture. The play, as hinted above, presented many production problems. The single set succeeded magnificently in being laid open to the audience, without a curtain, throughout the whole evening. A feature of particular interest to future producers at Guy's was the raising of the whole left stage one foot, and the front left stage two feet; this enabled characters to be brought up into the audience and provided a sudden dramatic closeness between actor and audience at vital points. On this and other features of the set the stage manager, Norman Ramsbottom and his team worked hard and long. The décor was by Mr. Voos himself. The whole stage had to be mounted in the few days between the Residents' Play and the first night. This inevitable hurry unfortunately resulted in neither the production nor the acting being as good on the gala first night as in subsequent performances.

Facing any producer at Guy's is the stimulation of using young and largely inexperienced actors and actresses. This year's production was no exception, although Mr. Voos is, by now, adept at coping with this situation. It is fair to say there was no weak link in the cast of ten. An enormous burden of the play falls upon the part of Marcus Lucan; the dramatic action revolves entirely round him. Whilst Timothy Davies presented an altogether successful inter-

pretation of the part, it was obviously his and the producer's intention to have a younger Lucan than the reading of the play would indicate. The wisdom of this lies in the fact that the additional burden of portraying a difficult character of twice his actual age might have overstrained this promising young actor's range. He was noticably deficient only in those aspects of his character requiring a harsher, heavier and maturer depth; but in dealing with the questioning and yearning of the part he was excellent. Memo Spathis, as the potter Hariph, gave probably the best allround performance of the evening in a most difficult part. Old men (and women) are notoriously the stumbling blocks in young amateur productions; there was no such weakness here. His make-up and carriage were particularly striking, and he had mastered the voice and part well. Elizabeth Ward, another newcomer to theatre club productions, had the single major female part and balanced it well, particularly in the long Act 2. She shared with Lucan slight difficulty in moving on stage less easily than she delivered her lines. This probably merely reflected the greater attention given to the dialogue in a wordy play on a very tight schedule of rehearsals. One fine thing about her performance was the energy with which she put the part over; a rather limp Maria would have all together unbalanced the play.

Proclus (Chris Everard) was a small gem of a part well done, with just the right accent and delivery. He several times stole the scenes from his principals.

The supporting cast supplied much of the play's action and included such excellent and experienced players as Mike Maberley. Their refreshing scenes were acted with gusto and counterweighted nicely the heavy superstructure of the play. Notable was the appearance of Barry Blackwell, rugby captain, exemplifying his often-stated contention that not all sportsmen are bone-heads. As long ago as 1957 Terence English, another member of this season's rugby XV, had preceded him in the name part of "Montserrat". Of the present cast, Ken Robertson also is a noted sportsman. The more of such all-rounders Guy's can produce, the better.

One must also mention the costumes, designed by Jennifer Peebles and made for the occasion, saving money but increasing work. Few theatrical costumiers, one imagines, run a line of Hittite civil and military dress. These costumes contributed considerably to the striking visual impression the play made.

The attendance cannot be called anything less than disappointing; far too many tickets were returned, and at the last minute, when the house deserved to be packed. When will Guy's recognize this talent on its own doorstep? One could not help contrasting the frantic enthusiasm with which the Residents' play was attended. This is, after all, only a domestic frolic, however high the standard. The last four productions of the Theatre Club have been of professional standard and deserve every support. Each year the Theatre Club secretary has written five hundred letters to all levels of medical, dental and nursing staff and received, on average, only sixty replies.

We can have clubs in every sphere, sporting, artistic or social, only as good as the support we give them; most of all this applies to a club where the sole aim is to contribute something to as wide an audience as possible.

S.C.

CORRESPONDENCE

Letters to the Editor of the Gazette

British Medical Association Meeting

SIR,—As you may know, the British Medical Association is holding its Annual Representative Meeting in Torquay this year. The Guy's men in this region would be very happy indeed to arrange a dinner for any Guy's men who may be coming to this meeting, and I would be very grateful if you would publish this letter in the *Gazette;* and if any of them are interested in this proposal perhaps they would let me know when they are coming. It has been suggested that the dinner might take place on either the Tuesday or Wednesday, 21st or 22nd June, but a final date would be arranged to suit the majority.

Yours etc.,

HUGH GUERRIER.

Connybeare Wood,
Haccombe,
Nr. Newton Abbot.

Prevention of Tetanus

From Mr. Patrick Clarkson

SIR,—I am grateful to Mr. Loeb for his letter in the *Gazette* of 12th March, with its most valuable correction of an error in my report on the use of A.T.S. in the Casualty Department in the *Gazette* of 18th January. As he very rightly says the fatal case of anaphylaxis in a child followed half the full adult dose of A.T.S., not the full dose as I stated. This correction is manifestly important in the interests of accuracy; but my own belief is that a fatal anaphylaxis was likely in this sensitive child whatever dose of A.T.S. it was given; that is unless the child had been retained under observation for half an hour, had been given a full cc. of 1/1000 Adrenalin immediately anaphylaxis started, and (as Mr. Loeb says) had had its glottic obstruction relieved by tracheostomy when it became necessary; in addition intramuscular antihistamines would now be used. Nevertheless it is still possible that even with these full measures the child might well have died. There are now no Hospital clinical records of this child. His only documentation was on the Surgery White (Accident) card which has now been destroyed. I would be grateful if Mr. Loeb could let me have any further details of this boy and of his attack of anaphylaxis.

Mr. Loeb may be interested to know that as the result principally of Mr. Cameron's observations on the Registrar General's figures of the yearly incidence of tetanus, we are gradually modifying our use of A.T.S., and more and more excluding clean cuts from domestic injuries, seen the day of the accident, from those other accidents with breach of surfaces who get the routine A.T.S. In addition it is possible to place more reliance on Toxoid, as increasing numbers of patients in the Casualty Department have active immunity from Toxoid, either received in the Services or elsewhere.

I might perhaps be permitted to quote again Mr. Cameron's contribution. He stated that "between 1954, 1955 and 1956 deaths from tetanus totalled 161 cases. In the commentaries there was sufficient data in 83 of these to clarify the causative (so attributed) wound as having been sustained indoors or outdoors. There were 39 outdoor or contaminated wounds, 25 indoors, 13 infections, 2 gangrene and 2 burns. Of the 25 indoor wounds, only one resulted from a clean wound in a clean part; in eight others the cause was not relevant to casualty work—three neonatal and five post-operative cases. Of the infections, only seven were of soft tissues; five occurred in pre-existing breaches of surface—three in varicose ulcers. Four cases resulted from plaster sores. It was felt that these figures justified the restriction of anti-tetanus protection to outdoor and contaminated wounds."

In this connection the figures for February, 1960, might be of interest. A total of 197 lacerations were treated in the Front Surgery (that is in the Primary Wing) of the Guy's Hospital Casualty Department. Only 70 were given A.T.S. 52 were given Toxoid as a booster or as a primary dose. 75 were given neither A.T.S. nor Toxoid. The chief reason for this was that the breach of surface had occurred in clean hands following domestic accidents seen the day of injury. I believe this to be correct policy in the light of modern knowledge; but it is important to stress the fact that if these "clean wounds in clean hands" do not report for treatment in two or three days and if by that time they have septic scabs on them, then A.T.S. or Toxoid as is appropriate should be given. It is also most necessary to stress the importance, when neither A.T.S. nor Toxoid is given, of stating clearly on the white card that this was a definite and considered decision because of the nature of the wound thus "No A.T.S. or Toxoid given because the wound is a clean one caused indoors at home".

There is another matter for correction in my contribution to which Mr. Loeb refers. I calculated that perhaps 50,000 patients had been given A.T.S. in the Surgery in the last 13 years. This calculation was made on the basis of what I know now to have been a very heavy year. The true figure is probably between 25,000 and 30,000. During the same period, as far as I know, no patient was admitted to Guy's with tetanus who had received primary treatment (with or without receiving A.T.S.) in the Surgery. Neither credit nor discredit can be derived from these figures.

The national deaths per year from tetanus appear to be about 50. If we assume for purposes of (very speculative) estimation that the overall mortality of tetanus is 20% to 30%, we can further assume that there are about 150-250 cases of tetanus a year. On the (very approximate) basis that 5 million plus patients a year attend the casualty departments of the country with open injuries and that only one in four of all open injuries (again a highly speculative figure) even goes to a casualty department, then we arrive at an incidence of tetanus of about 1 in 200,000 for all open injuries. Since 1947 there have been something under 200,000 open injuries treated in the Surgeries. The absence of any case of tetanus in those given A.T.S., Toxoid or nothing amongst this group of casualty patients of ours, tells us little about the effectiveness of our measures.

Because of the considerable overall expense of serum, of syringes and of labour (medical and nursing) and of time to the patients (an extra hour at least in casualty treatment) caused by the routine administration of A.T.S. to all patients with open injuries attending Hospital, and because of the occasional anaphylactic death plus the significant incidence of disability and sickness caused by the less severe manifestations of sensitivity (urticaria, œdema, etc.), and particularly because the incidence of tetanus is low and probably decreasing, I think the time has come to adopt a more selective policy in advising A.T.S. in casualty departments. I have indicated that we exclude from A.T.S. patients with clean cuts in clean hands in accidents occurring in the home; we also exclude those who have had previous Toxoid (though these are given a booster dose of Toxoid not A.T.S.). At the other end of the scale there are those who should certainly have A.T.S. the dirty and contused wounds in patients without active immunity, and particularly those inflicted in agricultural areas (particularly in the Fenlands) and injuries to those who work with horses. The initial dose for the grossly contused or deeply penetrated should perhaps be 3,500 I.U., or higher if the patient has had a previous injection of A.T.S. For these patients who have had previous A.T.S. it is reasonable to plead that when they have injuries judged to carry a significant liability to tetanus (as above), they should always be admitted to the wards and, in addition to Toxoid, given in another limb 3,500 to 10,000 I.U. units of A.T.S. in staged doses under adrenalin cover. As Professor Payling Wright has said it is doubtful if full protection in the first seven days can be given to a patient who has already had A.T.S.; but this massive dosage given under adrenalin protection is reasonable policy for those wounds judged more liable than most to develop tetanus.

The whole of this argument supports the strong advisability of a national active immunisation programme; that is tetanus toxoid be added to the diphtheria and whooping cough toxoids given in infancy.

Yours etc.,

PATRICK CLARKSON.

107, Harley Street, W.1.

Nursing "Shortage"

SIR,—Regarding Miss Griffith's letter in your issue of 31st January, may I make two observation ? The number of changes of nurses in the wards is largely a question of arithmetic. The more nurses there are in the wards, the more changes there will be. How much easier it was for administrators and ward sisters when there were half the numbers of nurses working for twice the number of hours. Another point apt to be forgotten is that when the 'Block System' was introduced the establishment of student nurses was increased accordingly *for this purpose*. Two weeks for formal instruction and study in the third year can scarcely be considered excessive. May I make one constructive suggestion to the student nurses ? All should feel in duty and honour bound to complete the four years that they undertook to do when they were accepted by Guy's for training. Guy's has much to offer the newly qualified nurse.

Yours etc.,

103, Blackheath Park,
London, S.E.3

FLORENCE TAYLOR.

The Editors regret that further correspondence has had to be held over until the next issue.

REVIEWS

A History of Biology. By CHAS. SINGER. Third revised edition, 1959. Abelard-Schuman. London and New York : *Price* 50*s*.

Published in Oxford in 1931, translated into French and Spanish (two editions), and now published in London and New York, this classic work of Professor Singer needs no introduction to students of the history of biology or medicine.

The work traces the growth and development of biological thought from earliest times to the end of the nineteenth century and touches briefly on those changes which saw the rise of modern biology.

Inevitably the opening chapters are concerned with tracing the rise of science in the Ancient World, from Hippocrates and Aristotle and their pupils to Galen and the Dark Ages. The next stage opens with Albertus Magnus and from there the pageant includes all the notable personalities from Vesalius to Harvey. From this point onward the treatment is less a study of men than of their methods : the newly-invented microscope, the establishment by Linnæus of the binomial system of nomenclature, the rise of comparative anatomy as a method of study, and the great period of biological and geographical exploration were all new tools to be experimented with and from whose use new ideas sprang. Thus our modern ideas of speciation and theories of evolution had their roots in this period, while the specialist branches like Protozoology and Helminthology derived from a fusion of zoological and medical interests in newly-explored areas.

It is quite remarkable how the history of the study of the cell and its contents is shown to have proceeded step by step, but with the plant-cell investigators leading all the way : Hooke (1665) and Grew (1682) before Leeuwenhoek (1693), Schleiden (1838) before Schwann (1839), Strasburger (1875) before Flemming (1882). The story of these investigations makes stimulating reading in the light of unsolved problems of cell structure and function today. Towards the end of the book there are special chapters on biology and disease, embryology, sex and heredity.

In a book of this sort the illustrations are naturally of great importance and interest and Professor Singer treats us to a whole gallery of famous portraits and illustrations by famous authors.

The index too is comprehensive and adds to the book the merit of making it a valuable work of reference.

Altogether this book is likely to remain the best of its kind for many years to come, and, like many another good book, once opened it is hard to put it down.

E.W.B.

Laboratory Manual of Biological Chemistry for Students of Dentistry. By W. C. HESS and J. C. MUHLER. The C.V. Mosby Company. Pp. 118. *Price* 16*s*. 6*d*.

The experiments in the American manual, written expressly for dental students, are designed for a course of 30 periods. The course is, therefore, a much more comprehensive one than that covered by most dental students in this country.

The first 21 periods are occupied with general biochemical topics, as for example qualitative work on carbohydrates, lipids, proteins and enzymes, the qualitative and quantitative analyses of urine and the determination of glucose and urea in blood. There is little in this part of the book which is not to be found in any book on practical biochemistry.

The next 8 periods are devoted to problems of special interest to students of dentistry. There are 6 periods on the properties and composition of saliva, one on the qualitative analysis of teeth and one on the effect of flourides on the acid solubility of enamel. The last period covers practical work on vitamins.

The amount of work to be covered varies considerably from one period to another. Some of the experiments in the chapters of special interest to dental students seem somewhat ambitious and the reviewer doubts whether the results obtained would be very conclusive.

A number of questions are posed at the end of each chapter and it is to be hoped that students using the book will try to answer them, for by so doing the value of doing the experiments will be greatly increased.

A.S.

SPORT

RUGBY

Guy's v. London Irish

At H.O.P. 26th March, 1960

Result—Lost 6-13

Guy's, although without five regular players owing to injury, gave one of their best displays of the season against the very powerful London Irish side in an entertaining match at Honor Oak Park. The score does not do justice to Guy's performance, for the game was evenly fought throughout and Biggs had the misfortune to see two of his kicks at goal rebound off the post, and in addition the second Irish try appeared to follow an obvious infringement; but for this Guy's might well have become the first side in the country to defeat the London Irish this season. The Irish have played 30 matches in England, with 27 wins and 3 draws, and they were extremely formidable opposition for a hospital team.

The game opened in an alarming fashion when MacDermott kicked a 40-yard penalty goal for the Irish in the first minute but Guy's soon equalized through a similar score by Biggs. Play then became fast and open and the Guy's backs, with Leyshon playing only his second game at fly-half, matched the fast Irish three-quarters with some splendid handling and running. The Irish were the first to cross the line when a high kick was misfielded by the Guy's defence and McCarten touched down between the posts. Guy's continued to play fast and vigorous rugby, but a stray pass was intercepted by the Irish fly-half to score again between the posts. During the first half, Biggs hit the post with a penalty kick.

The half-time score of 3-13 flattered the Irish, and Guy's started off the second half in tremendous form, and a reverse pass between Leyshon and Biggs enabled the latter to run clean through the Irish defence to score the best try seen at H.O.P. this season. The attempted conversion hit the post, and a long-range penalty taken by Biggs soon afterwards went wide. The try completed the scoring and though the fast Irish backs tried hard to break through, the Hospital defence held out and in the last five minutes Guy's were strongly pressing on the Irish line.

In the forward play, Guy's were the equal of the Irish with Blackwell and Cooke in great form in the loose mauls and line-outs, and in defence the entire back row covered and tackled magnificently. Murray had another fine game at scrum-half, and combined well with Leyshon, who showed what a pity it is that he has not been tried at fly-half before: his handling and running provided the Guy's backs with chances in attack that would have brought tries against a lesser team than London Irish. Lillicrap and Evans, both making their first appearances of the season in the first XV played intelligently and were sound in defence, as were Biggs and Ivanans in the centre, and Ivanans in particular looked dangerous in attack.

Guy's have been unfortunate to lose several games this season against very strong opposition by narrow scores, and their moderate record of victories is an inadequate representation of many consistent performances against the best clubs in the country. However, a feature of the season has been the tremendous improvement in some of the younger members of the side, especially Murray, Ivanans and Treadwell—next season their enthusiasm should be rewarded by more wins than have been achieved this season.

To lose by 6-13 to the London Irish is in itself a fine performance, but Guy's might well have won if the luck had been with them, and the result must rate with the narrow defeats by Rosslyn Park and Bedford, and the fine win over Aberavon, as the best achievements of the season.

Team : Myall; Lillicrap, Biggs, Ivanans, Evans; Leyshon, Murray; Jacoby, Treadwell, Gritton, Blackwell, Cooke, English, Lloyd-Edwards, Baker.

HOCKEY

United Hospitals' Senior Hockey Cup Final

Guy's v. St. Thomas's Hospital

At Teddington. 23rd March, 1960

Result—Won 2-1

The game was played in ideal weather and the St. Mary's pitch was in perfect condition. It was a pity that the support for the Guy's team was so poor as it was an extremely good game to watch.

From the bully-off St. Thomas's settled down much more quickly and their passing was better than Guy's. The Guy's defence although shaky managed to hold the St. Thomas's attack in the opening phases of the game. After ten minutes St. Thomas's nearly scored but the situation was saved by Daryabegui-Guiliani. Guy's then attacked but Dhillon was too good in defence for them. A run down the right wing nearly resulted in a goal for St. Thomas's but again the goalkeeper saved. St. Thomas's kept up the pressure but were not able to score. Just before half-time the play was taken into the St. Thomas's half of the field and Steyn was most unfortunate not to score.

In the second half Guy's seemed to settle down much better but were inclined to take far too much time over their passes, with the result that they were frequently robbed of the ball. Shortly after the bully-off a short corner to St. Thomas's nearly resulted in a goal again saved by Daryabegui-Guiliani. Guy's then launched an attack and for a time the play was mainly in the St. Thomas's half of the field. Guy's were again unfortunate not to score, but some scrappy play on their part enabled the St. Thomas's defence to clear. Play then transferred to the Guy's half. A short corner resulted in a goal to St. Thomas's (0-1). Guy's then attacked again and Blake just failed to score after Steyn had carried the ball down the centre of the field. Shortly after this an infringement resulted in a short corner to Guy's. Gumpert took the corner and sent the ball to Blake who passed back to Gumpert who scored with a long curving shot from practically on the goal line (1-1). St. Thomas's then attacked but were not able to score. Turning by St. Thomas's gave a short corner to Guy's. A good shot by Blake was well stopped by the goalkeeper. St. Thomas's and Guy's then attacked alternately without success and full time saw the score at 1-1.

The game then moved into extra time of ten minutes each way.

During the first half of extra time both sides pressed strongly, St. Thomas's having a greater share of the ball. There were some poor clearances by the Guy's defence and their attack lacked finish. In the second half of extra time Guy's had a greater share of the ball and Liddiard nearly scored after five minutes. Two minutes later a brilliant run by Gumpert down the right wing from the half-way line followed by a pass to Steyn resulted in a goal which was to set the seal on the match (2-1).

From then on, although Guy's had most of the ball, St. Thomas's continued to press. A short corner to St. Thomas's was extremely well saved by Conybeare. During the dying minuted of the game Blake, who had played extremely well both in attack and defence, took the ball to the St. Thomas's circle but over-ran the ball and the defence were able to clear.

Team : A. Daryabegui-Guiliani; R. Morris, R. Lallemand; R. Strickland, M. Conybeare, J. Sedgwick; J. Gumpert, M. Blake, M. Steyn, Z. Cader, P. Liddiard.

United Hospitals' Junior Hockey Cup Final

Guy's v. St. Mary's Hospital

At H.O.P. 24th March, 1960

Result—Won 5-0

The game was played on a rather dull overcast day. The pitch was in fairly good condition although it could have been slightly less bumpy. The start was rather untidy, Guy's taking their usual time to settle down. Although they pressed fairly strongly they lacked the finishing touches and in consequence an early goal was missed. Djabanor was extremely good in defence and time and again thwarted the St. Mary's attack. As with the first XI match on the previous day the Guy's attack gave the opposition far too much time and were in consequence frequently robbed of the ball when they looked all set to score. Another fault was that they were slow to appreciate the speed of the pitch with the result that passes to the wings often went far ahead of the man they were meant for. After twenty-five minutes Lal who was playing well on the left wing was unlucky not to score. Shortly after this Guy's took the lead when Pickering scored following a goal mouth melée (1-0).

During the second half Guy's settled down much better. This has been a feature of their play throughout the whole season. At this stage they missed two goals largely due to their own mistakes. Varnes now showed himself very good in attack but will be even better when he learns to pass the ball sooner. After ten minutes Glynn kicked the ball into the back of the net. The St. Mary's umpire who was unsighted thought he had scored but the Guy's umpire who was much more favourably placed disallowed the goal. Guy's continued to attack and Lal centred a beautiful pass to Glynn who hit the ball towards the goal and scored with a follow-up shot (2-0). This spurred Guy's on to even greater efforts and during the next fifteen minutes they scored another three goals. The first was by Pickering, following a melée after a long corner (3-0). The second was by Forster with a good shot from the edge of the circle (4-0). The last goal was scored by Lewis who was rather surprisingly not tackled by the opposition (5-0). During this period the St. Mary's attack was repeatedly checked by the Guy's defence and some brilliant saves by Patient. St. Mary's were most unlucky not to score from a short corner but the ball, travelling at knee height, was stopped by Hodgson when it was practically in the goal.

By winning this match Guy's have become the first hospital to hold both the Senior and Junior United Hospitals' Hockey Cups at the same time. A great deal of the credit must go to the Club Officials who by their unceasing (and what must often have appeared thankless) tasks have made the Hockey Club into one of the best supported clubs in the Hospital.

Team : S. Patient; P. M. J. Tombleson, G. D. Hodgson; J. M. Hughes, F. F. Djabanor, J. F. Varnes; R. Lewis, R. A. Forster, B. D. Glynn, D. Pickering, S. Lal.

Spirochaetes v. Professor Butterfield's XI

At H.O.P. 13th March, 1960

Result—Draw 2-2

The game was played on a wet and windy afternoon (the weather was perfect but a large quantity of beer had been drunk by both sides before the game began). Professor Butterfield tossed the coin which landed on its edge and sank into the soft earth. By mutual agreement it was decided that it had in fact come down "heads". Just before the bully-off one of the Spirochaetes decided that he must prevent a further rise in his blood urea and retired behind one of the cricket sight screens much to the consternation of the local inhabitants.

During the first quarter of the game both sides had an equal share of the ball. In this time Professor Butterfield's XI were enabled to refresh themselves on the rules of the game and Dr. Williams learnt the difference between a hockey roll-in and a rugby line-out. Professor Butterfield's team opened the scoring with a goal by Steyn from a pass from Professor Butterfield himself. This served to spur the Spirochaetes into even greater action and not long after they levelled the score when Forster centred to Glynn who cracked the ball into the back of the net. The rest of the first half was uneventful both sides making determined attacks but lacking the necessary finishing touches.

Half-time came as a welcome respite particularly to Professor Butterfield's team who despite their age and lack of recent practice were standing up remarkably well under the strain. They did, however, feel compelled to claim the full five minutes rest allowed by the rules.

During the second half both teams again played well and Professor Butterfield who had been surreptitiously keeping fit by playing real tennis was most unfortunate not to score after a run of about thirty yards. The Spirochaetes then decided to pile the pressure on and were rewarded with a goal scored by Glynn from a pass from Lewis. Professor Butterfield's team decided that this insult could not go unavenged and took play into the Spirochaetes' circle. A spot of football by one of the Spirochaetes resulted in a short corner from which Steyn again levelled the scores.

During the remainder of the game the Spirochaetes pressed strongly but thanks to the defence of Professor Butterfield's team, among which Drs. Dyde and Langman figured prominently, no more goals were scored. The pressure, however, unnerved one of Professor Butterfield's side who felt compelled to "speak" to the umpire. Apart from this, however, the general tone of the game was very good, and the result was felt to be a most satisfactory one.

Both teams retired to the club house and while partaking of a very welcome hot bath some traditional "folk songs" were sung. This was followed by tea and other beverages. During tea Professor Butterfield was elected a member of the Spirochaetes and presented with his tie by Dr. Tombleson, the captain of the Spirochaetes.

It was generally agreed that the day had been a great success and it was decided that in future this would be an annual event.

Teams :

Professor Butterfield's XI : D. Wonham; M. Sanders, M. Langman; J. Gazet, J. A. Dyde, J. Williams; Professor Butterfield (capt.), A. McKenzie, C. Green, M. Steyn, R. Spurrell.

Spirochaetes XI : S. Patient, P. Tombleson (capt.), C. Mallinson; A. Hopkins, J. Varnes, J. Hughes; M. Simpson, D. Pickering, D. Glynn, A. Forster, R. Lewis.

Umpires : P. Cox, C. Hunter-Craig.

BOXING

United Hospitals' Championships

Guy's Hospital A.B.C. concluded a very successful and undefeated season when they retained the United Hospitals' Championships at Malet Street, on 24th March. The Guy's team was at full strength except for St. McH. Young, the captain, still recovering from a previous injury. P. Marks and J. Weedy both received walk-overs in the fly and bantam weights respectively.

Individual bouts.

Light-Weight - Final.

E. J. N. Chater (Hon. Sec.), beat K. M. Barrett (St. Mary's) on points. Chater boxed excellently to gain a clear points victory over a strong opponent, using his right to advantage he built up a good lead in the first round and from then on was able to dictate the course of the bout as he wished. This is the third successive year he has won the championship.

Light-Welter Weight—Final.

B. Taylor (Guy's), lost to D. M. A. Taylor (St. Thomas's).

B. Taylor was unlucky to have to box such an experienced opponent as D. M. A. Taylor, this years University Athletics Union Champion. However the Guy's man boxed very well scoring with left and right hooks in the first round. The bout was stopped in the second round following several right crosses to B. Taylor's jaw. B. Taylor must be congratulated on his very plucky performance.

Welter-Weight.

1) *Quarter Final.*

K. Crawford beat J. Williams (St. Mary's) on points. Crawford, a newcomer to Guy's boxing, won a hard earned points decision over the short stocky Williams, countering his rushes and scoring consistantly with left leads.

2) *Semi-Final.*

K. Crawford lost to T. Black (St. George's). After a very short rest Crawford boxed again against a fresher and more experienced man who won the fight towards the end of the second round.

3) *Semi-Final.*

I. Francsics (Guy's), beat I. Garside (Guy's). In the other semi-final two equally matched Guy's men were drawn against each other, the stronger and faster Francsics gaining the decision against the taller but lighter Garside.

4) *Final.*

I. Francsics beat T. Black (St. George's). I. Francsics gained a very good win in a closely fought final. He gave a very good display of intelligent two handed boxing against his lanky opponent. An excellent performance.

Light-Middle Weight.

1) *Semi-Final.*

B. Penhall (Guy's) beat T. Sherwington (St. Mary's). Penhill rapidly disposed of his opponent. Having scored with left leads with apparent ease, Penhall floored his opponent with a right to the jaw and the referee stopped the fight in the first round.

2) *Final.*

J. R. Nicholas (Guy's), beat B. Penhall (Guy's). Unfortunately Guy's boxers had to meet each other but they showed little consideration for themselves until the referee stopped the contest in the second round due to Penhall's cut eye.

Middle-Weight—Final.

D. Stubbs (Guy's), beat K. Reid (St. Mary's). Easily the hardest and most exciting contest, Stubbs produced his best form to narrowly win on points. Both boxers received a great ovation.

Light-Heavy—Final.

D. Mansie (Guy's), lost to C. Reynolds (St. Thomas's).

D. Mansie boxed very well against an experienced opponent. His semi-southpaw style confused all but himself and perhaps the judges who gave the decision to Reynolds.

Heavy-Weight—Final.

J. Cook (Guy's), beat J. Scott (St. Mary's).

J. Cook had the easiest task of the evening when he fooled the St. Mary's giant long enough to get in a winning right to the jaw early in the first round.

The Captain, St. McH. Young, has had a very unlucky season in his final year as he has been unable to box in both the U. H. and University of London Championships, owing to a previous injury sustained earlier this year, He must, however, be congratulated on leading the team to victory.

We were sorry to lose our trainer, Reg Tucker, after seven years, at Christmas, but we were very fortunate in finding another excellent and very keen trainer in Charles Pocknell, whom we hope will be with us for several years.

Result :—

Guy's	30 points.
St. Mary's	10 points.
St. Thomas's	6 points.
St. George's	3 points.

This was easily Guy's biggest win for years, perhaps enhanced by last minute withdrawals of 3 St. Thomas's Champions. Individually Guy's won 7 out of 10 weights.

A fortnight previously they had also retained the University of London Championship for the 2nd successive year.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st June, 1960. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by 20th April, to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

UNIVERSITY OF LONDON

Reader in Chemical Pathology

The title of Reader in Chemical Pathology in the University of London has been conferred on Dr. Geoffrey Robson Webster in respect of the post held by him at Guy's Hospital Medical School, from 1st January, 1960.

HOUSE APPOINTMENTS

1ST JUNE, 1960

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st June, 1960.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians 1
(1 *Post-Registration*)
(To commence 1.7.60)

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital (*Pre-Registration*) 2

Throat and Ear and Ophthalmic House Surgeon (*Pre- or Post-Registration*) .. 1
(Three months at Guy's Hospital followed by three months at New Cross Hospital for E.N.T. duties only.)

Genito-Urinary House Surgeon (*Pre-Registration*) 1
(Second six months only).

Children's House Physician (*Pre-Registration*) 1
(Second six months only).

House Surgeon to the Thoracic Unit 1
(*Pre or Post-Registration*)

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

R.M.Os. Nuffield House 2
(1 to commence 1.6.60)
(1 to commence 1.7.60)

Resident Anaesthetists 2
1 *Post-Registration, Guy's*)
(1 S.H.O. New Cross)

The Medical Committee will also consider applications for posts at outer Hospitals as follows :—

BECKENHAM HOSPITAL

House Physician (*Pre-Registration*) .. 1

House Surgeon (*Pre-Registration*) .. 1
(To commence 1st July).

JOYCE GREEN HOSPITAL

House Physician (*Pre-Registration*) .. 1

House Surgeon (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL

House Physician (*Pre-Registration*) .. 1
(To commence 17th June, 1960).

House Surgeon (*Pre-Registration*) .. 1
(To commence 15th June, 1960).

House Surgeon in the Orthopaedic Department (*Pre-Registration*) 1
(To commence 1st July, 1960, Locum from 23rd June, 1960).

NEW CROSS HOSPITAL

House Physician (*Pre-Registration*) .. 1

House Surgeon (General Duties) (*Pre-Registration*) 1

ORPINGTON HOSPITAL

House Surgeon (General Duties with Physical Medicine) (*Pre-Registration*) .. 1

House Surgeon (General Duties with E.N.T.) (*Pre-Registration*) 1
(To commence 1st July).

PEMBURY HOSPITAL

House Surgeon (*Pre-Registration*) .. 1

House Surgeon (Orthopaedic) (*Pre-Registration*) 1

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician (*Pre-Registration*) .. 1

House Surgeon (*Pre-Registration*) .. 1

ST. JOHN'S HOSPITAL, LEWISHAM

Casualty Officer (*Pre-Registration*) .. 1

ST. OLAVE'S HOSPITAL

House Surgeon (General Duties) (*Pre-Registration*) 2

SEAMEN'S HOSPITAL, GREENWICH

House Surgeon (*Pre-Registration*) .. 1

Application, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office, not later than **Saturday, 30th April, 1960.** Candidates who apply for appointments at Guy's as Assistant House Surgeon, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The posts of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

GUY'S HOSPITAL MEDICAL SCHOOL

The following awards have been made :—

Charles Forster Prize in Cardiology

February, 1960

T. J. H. Clark — Prize.

A. P. Hopkins — Certificate.

Charles Oldham Prize in Ophthalmology

March, 1960

C. Dare — First Prize £60.

M. H. Devereux, I. Ziment — Bracketed equal for Second Prize £17.10.0 each.

C. S. Ogg — Third Prize £5.

Wooldridge Prize in Physiology

March, 1960

M. B. Mitchiner — Prize.

Michael Harris Prize in Anatomy

March, 1960

M. B. Mitchiner — Prize.

T. E. J. Healy, K. J. Taylor — Certificates.

Beaney Prize for Pathology

March, 1960

A. J. Bron — First Prize of £40.

A. P. Hopkins — Second Prize of £20.

The Frederick George Larkin Prize in Medicine

March, 1960

J. D. Lloyd-Still — Prize.

PASS LIST

UNIVERSITY OF OXFORD

Hilary Term, 1960

2nd B.M. Examinations

General Pathology and Bacteriology

J. G. F. Fraser

Special and Clinical Pathology

W. J. Appleyard, R. G. Hett, I. G. McGill, J. S. Meyrick, D. H. Myers, G. S. Spathis

---

CONJOINT BOARD

L.R.C.P., M.R.C.S.

March, 1960

Chemistry

K. C. J. Hughes, E. Tiller

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination

March, 1960

Anatomy and Physiology

C. D. Colling-Baugh, G. D. Hodgson, L. W. M. Loader, D. W. Tatton, D. B. Waters, A. G. Williams

L.D.S.

Final Examination

February, 1960

Surgery—Part I

S. G. Adamson, M. W. Blake, D. Boulton, J. M. Brummitt, S. A. Chan, N. R. Chudleigh, Diana E. R. Cornick, Jeanne H. Faith, M. J. Fatharly, T. L. Griffiths, W. H. Hardy, Margaret K. A. Harwood, T. Helmer, A. B. Holmes, J. D. James, L. J. Kessel, A. C. Knight, T. Lloyd, M. L. Maberley, C. S. Mackenzie, A. E. Mbongo, M. Overington, Margaret Oxburgh, K. M. Pilcher, Pauline F. Scotrick, M. J. Varney-Burch, L. Walters

---

Dental Surgery—Part II

N. J. Balcombe, N. J. Chipping, K. S. Cowley, P. G. Davies, P. R. Dean, M. A. Ford, G. A. Fox, J. R. Harries, B. J. Heath, P. J. Hill, J. M. A. Jones, P. J. Kerr, C. S. A. Madgwick, Jill C. A. Ransome-Wallis, R. S. Richmond, A. C. E. Seare, R. J. Thomas, T. J. Wallace, Rosemarie Walsh, G. R. Ward, D. H. Wright, S. Y. C. Wu

---

NURSING NEWS

The following Nurses have passed the Final State Examination in February, 1960 :—

Allen, A.
Ayre, J. R.
Bailey, J. M.
Barber, R.
Blackler, L. M.
Burrows, R. M.
Burston, T. E.
Castleman, R. M.
Cole, J. Z.
Davies, B. J.
Dovaston, J. M.
Dungay, J.
Esau, M. A.
Evans, P. A.
Fox, B. R.
Gibb, J. E.
Gospel, J.
Harris, P. M.
Hempton, R. A.
Holt, J. A.
Humphrey, B.
Hunt, K. L.
Mackay, M. R.
Matheson, N. M.
Jefferies, P. M.
Joy, B. J.
Meacher, S. I.
Mount, P. M.
Nutt, G. E.
Ombler, M. E.
Palmer, J. E.
Pannell, M. K.
Parker, P. J.
Putt, J. M.
Quealy, E. T.
Reynolds, A. M.
Shotton, E. M.
Sturley, T. J.
Swinn, P.
Taylor, C.
Tomalin, H.
Tourret, J. E.
Wakeman, B.
Wellman, J. M.
White, M. A.
Wilkinson, V. C.
Williamson, E. A.
Fawcett, B.
Marshall, J.
Coxon, E. J.
Tindale, R. S.
Watts, E. M.

Entered :

S/N S. Batstone to *Caleb.*

S/N P. Jennings to *Evelina.*

S/N M. Molloy to *Out-Patient Department.*

S/N B. Rowe to *Evelina.*

S/M A. Trezise to *Victoria.*

Transfer from New Cross to School of Nursing :
S/N M. Scutt.

Left :

S/N Stanton from *Caleb.*
Schemel from *Theatres.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Accommodation

POSITANO (between Sorrento and Amalfi). Delightful villa overlooking sea. Room, bath, breakfast, dinner, service, equiv. 25/ incl. Write Amalia Cafiero, Positano, Prov. Salerno, Italy. Enquiries London. Tel. PRImrose 7598.

To Let

GROUND FLOOR furnished flat to let suitable two adults. Box No. 220.

FURNISHED 3 ROOMS, Kitchen and Bathroom, sunny quiet position. Trains 12 mins. London Bridge. Ring LEE Green 2247 evenings.

WEST WITTERING. Caravan (6 berth) on private site close to beach, riding and sailing. Vacant July 23rd—August 13th. Write Cook, 101, Station Road, Redhill, Surrey. Redhill 4161.

EAST COAST COTTAGE near Aldeburgh, facing beach. May 1st to July 20th or for shorter periods. Furnished for six. Box No. 222.

For Sale

GUY'S MAN with flourishing practice, S. Devon coast wishes to retire in the near future and to sell House and Dental Practice. Further details from Box No. 221.

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s*. each. Postage, Packing 2*s*. extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d*. each. Coat of Arms 5/6*d*., PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, **St. Thomas's Street, S.E.1.**

INDEX 1959 may be obtained free of charge, from the *Gazette* Office, or Wills Library—Binding Cases 5*s*.

BINDING. Have your *Gazettes* Bound 10/6*d*. per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Bearn, A. G. Hereditary Variations in Synthesis of Serum Proteins in Health and Disease. *Metaboloism*, 1960, 9, 208.

Boulter, P. S. Two Canaries. *Middlesex Hosp. J.*, 1959, 59, 71.

Davison, A. N. Metabolism of Labelled Cerebral Lipids in Developing and Mature Rats after Injection of [1-^{14}C] Glycerol. *Biochem. J.* 1960, 74, 1P.

Fourman, Paul and others. Defects of Water Reabsorption and of Hydrogen-Ion Excretion by the Renal Tubules in Hyperparathyroidism *Lancet*, 1960, i, 619.

Huntsman, R. G. and others. Paradoxical Effect of Magnesium Ions on Blood Coagulation. *Nature*, 1960, 185, 852.

Joseph, J. Autografts of Ileum and Lining of Urinary Bladder to the Ears of Rabbit. *Plast. reconstr. Surg.*, 1960, 25, 27.

Joseph, J. and Wendell-Smith, C. P. Nuclear Population changes in Degenerating Non-myelinated Nerves. *J. Anat. Lond.*, 1959, 93, 460.

Longmore, D. B. Regional Perfusion with Cytotoxic Agents. *Lancet*, 1960, i, 673.

Mant, A. Keith. Accidental Carbon Monoxide Poisoning. *Med.-leg. J.*, 1960, 28, 31.

Pryn, W. J. Blood-Pressures after Nephrectomy and Partial Nephrectomy for Calculous Disease. *Lancet*, 1960, i, 675.

CHANGES OF ADDRESS

A. R. Armour, M.B., B.S., Pine Lodge, Woodhall Spa, Lincolnshire.

P. G. Benson, M.B., B.S., "Melmerry", Sycamore Crescent, Bawtry, Yorks. (Tel. Bawtry 326).

P. F. S. Court, F.R.C.S., 20, East Heath Road, Hampstead, London, N.W.3.

Haydon Dyer, L.M.S.S.A., 113, Osborne Road, Jesmond, Newcastle-upon-Tyne 2. (Tel. 81-1497).

C. L. Joiner, M.D., M.R.C.P., "Ashton", Mead Road, Chislehurst, Kent. (Tel. Imperial 4060). *Consulting Rooms:* 129, Harley Street, London, W.1. (Tel. Welbeck 1777).

W. R. Knapman, L.D.S., Marsden Lodge, Morgan Avenue, Torquay. (Tel. Tor. 22156).

J. V. V. Lewis, M.B., B.S., The Doctors' House, Tarrington, nr. Hereford.

P. R. Wheatley, Lt.-Col. R.A.M.C., The Military Hospital, Accra, Ghana.

BIRTHS

ARMOUR.—On 7th March, 1960, at Lincoln City Maternity Home, to Madeleine (née Fairchild), L.D.S., and Sandy Armour, M.B., B.S., a daughter (Kim Elizabeth).

GLOWREY.—On 26th February, 1960, at Stroud Maternity Hospital, to Elaine (née Dagger), B.D.S., and Leith Glowrey, L.D.S., a daughter (Fiona Louise).

WRIGHT.—On 26th March, 1960, to Judith (née Fletcher) and Richard Wright, a son.

MARRIAGES

HORGAN—ESAU.—On 27th February, 1960, at St. Mary's Cathedral, Newcastle-upon-Tyne, Edward J. Horgan, M.B., B.S., to Margaret Esau, S.R.N.

LEWIS—HILLS.—On 28th December, 1949, at Worcester, John Vyvyan Vaughan Lewis, M.B., B.S., to Lorna Jane Hills.

TURLE—VAN DER BORGH.—On 30th May, 1959, at St. John's Wood, London, John Glanville Martin Turle, L.D.S., to Joanna Verity Van der Borgh.

DEATHS

GOODLIFFE.—On 5th April, 1960, in Addison Ward, Florence Louisa Goodliffe. Guy's Hospital Dental School, 1941-1960.

STRADLING.—On 24th February, 1960, Frank Stradling, L.D.S.R.C.S., of Parliament Street, Ennistymon, Co. Clare, Eire.

WOODCOCK.—On 21st December, 1959, Richard Ernest Woodcock, L.D.S.R.C.S., late of Ryde, Isle-of-Wight.

EDS. {D.N.L. S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1872 *23rd April,* 1960 *One Shilling*

PASSIM

THE recent, and unreserved acceptance by the Government and the B.M.A. of the report of the Pilkington committee does great credit to both sides. Although few would hold that the mechanism for remuneration of doctors recommended by the committee is perfect, and on some points, such as those concerning the scope and extent of their awards to general practitioners, there is already considerable dissention, it is a workable compromise agreeable to the majority. We are sure that it will provide a basis for a greater understanding and goodwill between the Government and the whole medical profession in the future.

Spring, reported to have been well established for some weeks elsewhere, crept into Guy's with the sun over the Easter weekend. The Park is its usual credit to the imagination and hard work of the gardeners, and at least one blackbird is nesting in the college. One who was denied the opportunity of such seasonal meditation, however, was the Resident Dentist who, with his usual generosity, undertook the care of all the dental casualties in London.

We have elsewhere the pleasure of printing a short appreciation of Terence English, captain of Rugby for the season 1960-61.

All amateur and professional walkers among our readers are reminded on another page of this issue of the imminence of the Great Brighton Walk. This is scheduled for the weekend of May 20th—21st, four other hospitals are taking part, and over 500 competitors are expected to start from the Tower. Ovaltine will *not* be the only nourishment provided.

Miss Kay O'Hanlon, who not so long since completed her nursing training here, recently crawled beneath a tube train to the aid of a person who had fallen onto the rails, and was warmly commended by the Coroner for her courage in so doing; praise we would like to echo.

GUY'S DIARY

APRIL			Exhibition. *Retention of Urine.*
MAY			
2nd	M	1.00	Dr. Fleminger. Clinical Lecture.
3rd	T	1.00	Mr. Schurr. Clinical Lecture. *The Anatomy of Consciousness.*
5th	Th	1.00	Mr. Glover. Clinical Lecture.
6th	F	1.00	Dr. Corbett. Clinical Lecture. *Careers for Ship's Surgeons in the Merchant Navy on Long or Short Term Engagement.* (colour film).
9th	M	1.00	Mr. Stamm. Clinical Lecture.

NOTICE

INNOMINATE CLUB

Annual Dinner and Presentation of a chair to the Anatomy Department in honour of " Doc " Hancock

The Annual Dinner, with N. L. Lloyd as Chairman, will be held at the Trocadero, on 27th May : tickets price 30/- each.

During the dinner the above ceremony will take place. It is hoped that a record number of Innominates and their guests will attend. Those wishing to come please notify the Hon. Secretary G. T. Hankey, 89, Harley Street, W.1.

Sixty Years Ago

(12th May, 1900)

TESTIMONIAL TO DR. STARLING

On 24th March of this year Dr. Starling delivered his last lecture at Guy's . . . As a lecturer on physiology Dr. Starling is inimitable . . . of Dr. Starling's personal charm and of his achievements in the world of physiological research it is needless to speak; they are known to us all. We shall always be proud to think that some of the standard experiments of modern physiology were first made in the laboratories of Guy's. The new theory of lymph-formation and detailed knowledge of the mechanism of peristalsis are perhaps his most important results.

Since 1882 Dr. Starling's sphere of action has centred round the Hospital. It has ever been his ambition to make the School of Science at Guy's as efficient and as famous as her clinical school. No one has done more than he towards this end.

TRANSATLANTIC PERSPECTIVE

The direction on a letter recently received by a member of the Hospital from the U.S.A.—

Guy's Hospital Medical School,
Wales, England.

OBITER DICTA

"Within a year of Roentgen's discovery of X-rays, a patient in Guy's incurred a burn from a diagnostic X-ray : it just shows what a splendidly progressive hospital this is".

DR. T. HILLS,
Clinical Lecture.

A DAY IN GENERAL PRACTICE

By JOHN FRY, M.D., F.R.C.S.

(*General Practitioner, Beckenham, Kent*)

A Clinical Lecture given on 24th March, 1960

THIS talk presents a rare opportunity to tell you something of the philosophy of general practice, the largest branch of the medical fraternity and one to which the majority of you will eventually graduate and one about which you have thought least.

What is General Practice ?

Many conflicting views and opinions are expressed on the interpretation of the work of a family doctor. There are often differences between the views of those who actually work in the field—the players—and those critics who merely sit on the touch line—the spectators—who have never experienced the joys, sorrows, satisfactions and frustrations of general practice.

What are *your* own visions and impressions of general practice ? You young men and women whose only experiences must have been as patients of your own family doctors; as observers at the receiving ends in hospitals, where you see patients of many different and varied general practitioners; and as interested and intelligent individuals who try and assess the whole pattern of medical care in our community and who must be rather confused by its many aspects. Having built up your views from personal experience and from the sayings of your elders and betters you no doubt arrive at the conclusion that the G.P. must be a rough and ready, down-to-earth individual who is busy all day long dealing with a mass of trivialities, caring only for the minor ills of the community and referring all those serious "medically interesting" cases to the hospital consultants to sort out.

Judging from some of the letters that arrive with the patient and from some of the stories you hear from the patients and from your friends, you probably have the impression that the standards of work must be rather low, with little time to examine patients and with little inclination to do anything but the absolute minimum. Reading the "agony columns" in the medical press you may be excused if you think that family doctors as a whole are discontented and dissatisfied grumblers.

What are *my* views of general practice ? I, who have been in a large and busy practice for nearly 15 years and who have also had the opportunity of meeting and visiting many hundreds of my G.P. colleagues all over the country during the past few years, think that general practice today gives the most wonderful opportunity to practice to the full the whole breadth and depth of medicine. I am happy, satisfied and well content with my work. I am busy, but not so busy that I have no time to do all the many interests that I follow inside and outside medicine.

I have opportunities for carrying out most interesting clinical work amongst my patients to whom I hope I am more than just a doctor, and for maintaining what I hope are high professional standards. I am not trying to be self-satisfied or self-laudatory. I am merely trying to show you that what you do and the way in which you do it are entirely up to you.

Continuing on this rather personal theme, although I started off my professional life as a potential consultant and went as far as achieving a specialist surgical qualification, after a few years in general practice, I realized that it was here that real medicine and medical care was practised, and that opportunities existed for interesting and original work, which I proved to my own satisfaction by obtaining an M.D. on G.P. material. Again I quote this to illustrate the general rather than the personal. I would never change now, even if I were offered a consultant's position at Guy's !

Let me now try to illustrate my thesis by giving you some examples of what are some of the daily features of general practice.

Total and Continuous Care.

In our system of medical care the family doctor occupies a supremely important position. When anyone of us is ill, to whom should we turn for advice in the first instance ? Should we, you or I, try to select the specialist most appropriate to our symptoms, or do we turn to our G.P., whom we know, and who should know us, to unravel the initial tangles ? Obviously it is much more sensible to follow the latter course.

In Great Britain we all have or should have, our own family doctor. This doctor practices in a fairly static community. Caring for the 2,500 odd patients in his practice the family doctor is able to get to know them and their families well over the years. (The G.P. sees 70% of all his patients at least once a year.)

It is this static character of his practice population that is the essential difference between work in general practice and that in hospital. The hospital-illness is but a transient incident in its life, the patient coming as a new and unknown person to a strange and unfamiliar place, whereas the family doctor has an almost permanent, constant and continuous responsibility for and duty to his patients in all their illnesses. When they visit him they go to a well-known friend and see him in familiar surroundings of their own homes or his consulting room.

It is the family doctor who is (or should be) in charge all the way through an illness, even if the patient has to go to hospital. It is he who has to decide when a consultant's help is required. It is he who has to interpret and assess the consultant's advice—he never accepts it blindly. It is to him that the patient and the relatives turn when the consultants have left the stage and when the patient returns home. The responsibilities are great but well worthwhile.

Patients as People.

All successful and respected doctors must be interested in their patients as individual beings with minds, thoughts, fears and problems. This is particularly important in general practice.

Each *patient* who comes to consult you has his or her own peculiar features and background that must be understood. All *diseases* have underlying personal characteristics that must be taken into account in diagnosis and in applying satisfactory treatment, even with such minor ills as the common cold, knock knees, dizziness, backache and so on.

Whenever you see a patient, always think (subconsciously if you like) of:—

Why has he (or she) come with this particular symptom ?
What hidden thoughts and fears have brought him ?
What does he expect of me ?

Working in medical care we must all be up-to-date and cognizant of present trends and fancies. As well as knowing our patients as individuals, we must familiarise ourselves with local habits, customs and beliefs, and read the newspapers and the popular press, listen to the radio and watch television, so that we can anticipate questions raised in these media.

Emotional Illness.

Statements have varied as to the proportions of the extent of emotional illness in the community. One has seen reports stating that no less than 75% of all illnesses in general practice are emotional, and the other extreme where a G.P. has been heard (by me) to say that he has "no neurotics in his practice". All this depends on the doctor's philosophy and outlook.

The main points that I wish to make are that *all* illnesses in *all* patients who consult *any* doctor have underlying emotional factors. The very effort of going to consult a doctor involves the patient's emotions. The stress and significance of these factors is also up to the doctor and his own emotions !

In general practice the types of nervous disorders are quite different from those seen at hospital. They are much easier to follow, understand and help.

The problems are best considered under the three aspects of *the patient* and his make-up and certain types seem particularly liable to anxiety, depression and psycho-somatic disorders. Troubles with the *environment*, as in marriage, at work or at school, are often causes that have to be sought out and remedied where possible. Certain *diseases* of the psyche such as schizophrenia and endogenous depression seem to be organic conditions following well defined courses and patterns.

Awareness of these emotional disorders is very necessary but elaborate and intensive training is really unnecessary. With the ability to listen, with a sympathetic interest in people and with the virtue of common-sense advice and judgment, the average G.P. (that is myself) can manage and help all but 5% of all these conditions. This 5% are the few whom I find I refer to the psychiatrist for special management.

" Trivialities."

What may seem trivial to you and to me as professional doctors is far from trivial to our patients, and if we are to further the ideals of prevention, early diagnosis and health education, then we must be

prepared at the receiving ends to see these patients to sort out all their problems.

I always encourage my patients to come what may seem to them "unnecessarily", because how can they be expected to know what is necessary and what is not ? It is a fascinating part of general practice to have the chance to make the first diagnosis. It is highly satisfying to carry out the medical education of our patients in prevention and management of disease. Unless they come early and often unnecessarily how can we do this? The proper treatment of such troubles as wax in the ear, foreign body in the eye, warts, infected fingers, is no minor affair. Water at the right temperature, to remove the wart or to leave it alone, to incise or to wait—all these are G.P. affairs and if done nicely they are often better appreciated by the patient than many more difficult and intricate surgical or medical manoeuvres carried out by the specialist.

Chronics.

Just as there is a need for someone in our society to be responsible for the patient in the first instance to make the early diagnosis, so there is a vital need for someone kindly, sympathetic and interested to care for and organize the management of chronically ill and those suffering their last and final illness. Who but the G.P. can do this ? Who but the G.P. can visit them regularly, support the patient and family, arrange for various welfare ancillary help, and generally keep up morale and hope ?

Let me assure you that looking after these chronics is no dull and thankless task. The *dying* surely deserve all the help we can give them and arrange for their comfort, and it is a highly skilful matter to decide how to manage each individual case.

The outlook in many of the *chronic* diseases is far from hopeless. I have an old lady of 75 whose rheumatoid arthritis has been completely transformed by steroids, and another lady of 91 who has been kept active and happy with congestive cardiac failure for over 10 years. Recovery from strokes is a matter requiring patience and encouragement, but the results are always gratifying.

It is the G.P. who also has the responsibility of coping with the sudden *crisis*, be this medical, social or personal and although not happening daily, one must always be prepared to deal with it.

Natural History.

General practice offers a fascinating opportunity, not available anywhere else in medicine, to observe the natural history of disease over long periods of time in a static community.

Where else can the doctor closely and continually study the course of such conditions as hypertension, asthma, peptic ulcer, coronary disease, arthritis, chronic and acute respiratory disease and many others.

I have found in my own practice that the actual course of many of these common diseases is quite different from what is generally imagined and there is need for more research on these lines to give us a base line from which to assess the influence of various forms of therapy.

Diagnosis and Referral.

How much can the G.P. do and how much does he refer to hospital ? Is he a mere "signpost" or is he a real doctor ?

In my own area (and in many other parts of the country) local family doctors have full access to diagnostic X-ray and pathological investigations and with such facilities I find that in my own practice I refer only 5-10% of my patients to a hospital consultant. However, I do use the pathological and X-ray services for a further 10-15%.

These figures give the lie to the statements that the G.P. has degenerated into a "signpost" having to refer all interesting cases to hospital. With local facilities I am able to care for almost 95% of all my work alone.

The decisions as to *when* to call in the consultant and *whom* to select are decisions that become easier with experience. Practising in the London suburbs it becomes somewhat of a game to select the right consultant for the patient ! One has to bear in mind the peculiarities and characteristics of both the consultant and the patient, and try to get them to suit each other.

Teamwork.

Although most of the work in general practice is carried out by the family doctor working alone with his patients with little need for help from out-siders, it should be remembered that he really is but part of the domiciliary health team that includes nurses, health visitors, midwives, homehelp, social workers and others. For a minority of cases he will need to know how to enlist the help of these persons.

In all this, however, the family doctor will, and must, remain in complete charge.

CONCLUSIONS

Many of you will become family doctors. The work in general practice will offer you a full, interesting and stimulating life. It certainly will be a "life" and not "just a job"—for it will permeate your existence 24 hours a day, and that of your family too; but it will do them a world of good to be brought up in a family doctor's house.

I have nothing but praise for our N.H.S. which, like our policemen, is wonderful. The criticisms are relatively minor and the set up does not interfere with our relations with our patients, nor does it prevent us from practising a very high standard of medicine.

You are fortunate in starting your careers during a period of renaissance in general practice. The post-war period with the N.H.S., the foundation of the College of General Practitioners (which you can all join as Associate as soon as you qualify) and the realization that there is more to general practice than dreary routine make the future very bright for us all.

The future will see even more opportunities for family doctors with closer relations between them and the hospitals and the public health services. The standards which will be achieved and maintained depend largely on you. If you want to become good all round and successful family doctors there is absolutely nothing to stop you.

A NEW RUGGER CAPTAIN

Terence English has been elected next season's captain of Rugby. English is not: he was born in 1932 in the Union of South Africa, a country whose present policies he vehemently opposes. From school in Natal, he went to Witwatersrand University where he gained a B.Sc. in engineering and a desire to be a doctor. A relative (an Edinburgh qualified surgeon) advised him to come to Guy's. He worked in Canada prospecting for copper and nickel, before entering Guy's in 1955 as a 1st M.B. student and playing at once for the 1st XV. He visited Canada again in the Summer vacation heading a small prospecting gang in the Yukon. However, on his return, uncertain about the future he had six months general reading, History and Philosophy, followed by a further Canadian expedition before he finally committed himself to Medicine. He embarked upon the 2nd M.B. course in 1957, during the first term playing the name part in a memorable theatre club production of *Montserrat*.

English came back to rugger last Autumn: his speed and handling made him a valuable wing forward in an extremely powerful pack. Now, he emerges as a natural leader. He admits that the greatest difficulty will be "in following a Captain as good as Blackwell" ; but is thankful that his predecessor has planned for the future, particularly by welding together a promising young back division.

Guy's rugby followers, in wishing him great success, will be pleased that for at least one year he is allowing his considerable extra-medical abilities and enthusiasm to be confined to rugby.

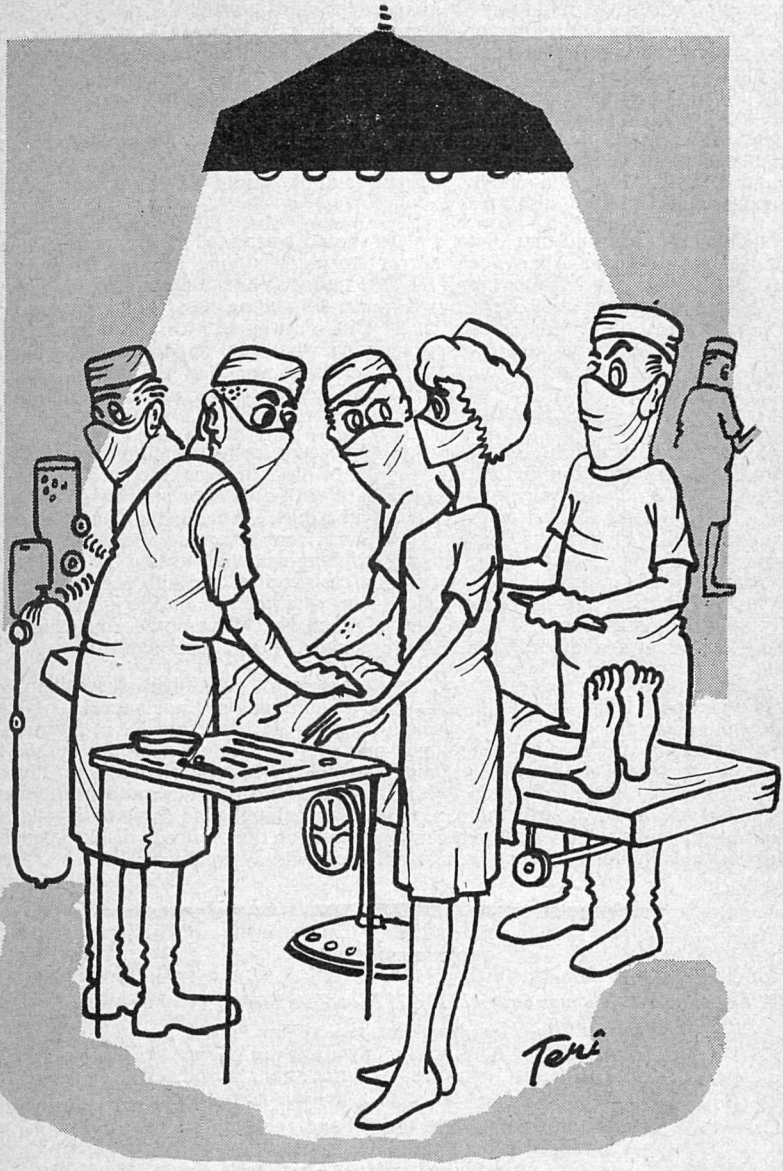
MEDICOS LOOK AT . . . .

Not long ago comments were made on the incomprehensibility of parts of Durrenmatt's play *The Marriage of Mister Mississippi*. Recently there have been several plays which to a greater or lesser extent are difficult to understand, and it has been almost impossible to grasp what the author is trying to say. Many of our readers of the *Gazette* will have seen Harold Pinter's *The Birthday Party* on television (Associated-Rediffusion) on March 22nd. It is a play which has not yet appeared in the west-end but has been shown at the Lyric Theatre, Hammersmith, and in Birmingham. His two short plays *The Dumb Waiter* and *The Room* were shown at the Royal Court after their appearance at a small theatre in Hampstead. All of them are frightening and to some extent incomprehensible.

The Birthday Party is about a down-at-heel boarding house with a permanent boarder who has run to seed. The owners of the boarding house are an old man, who looks after the deck-chairs on the front, and his wife who is a sluttish housekeeper and tries to look after the boarder in an amorous, motherly sort of way. Two men appear, one Jewish and one Irish, and after a series of terrifying scenes in which the friendliness of the Jew and the aplomb of the Irishman are mixed with a mystifying ferociousness on the part of both of them, the boarder is reduced to mute imbecility and taken away by these two men, one presumes to his death.

Let us accept the fact that much of the dialogue in its resemblance to the normal somewhat inane conversation of ordinary people is brilliant and funny. There are, however, parts of the conversation which are almost meaningless. Kafka situations and interchanges can be readily detected (two critics have made this comparison with Kafka) but it is not difficult to imagine that what Kafka is describing is a sort of dream-world in which unconscious thoughts are being expressed against the background of an emotional nightmare. One does not get this feeling in *The Birthday Party* which is simply confusing and bewildering. In addition there is a total lack of sympathy with the human beings who are portrayed. The dialogue is meant to show how worthless these people are ; the degraded boarder is not fit to live and the men who carry out the sentence of death are torturers in a refined way and sinister figures of a bullying type. The author makes no attempt to try to understand why people are what they are, what may be done about this and how these things may be prevented in the future.

(*continued on page 164*)



"But Sir, that wasn't how they did it on 'Ward 10', last night"

The two short plays are similar to *The Birthday Party* in that much of the dialogue is made up of the oft-repeated cliches of working-class conversation, something which the middle-class finds very funny (perhaps the success of *Look Back in Anger* was partly due to Osborne's making fun of middle-class reiteration) the general atmosphere is frightening, parts are unintelligible and little or no sympathy is shown for the various characters. One may well ask with regard to *The Dumb Waiter* what was the point in the ending, or the significance of the orders for food which kept coming down the lift-hatch except perhaps to create an atmosphere of a house haunted by its previous tenants. In *The Room* why was the man waiting in the basement black, why was he blind, why did the wife become blind ? Perhaps psycho-analysis of the author would reveal much of the unconscious symbolism in his plays.

One critic has said that Pinter's plays should be treated as if they were stage equivalents of Edgar Allan Poe's horror stories, terrifying just for the sake of inspiring terror. Perhaps that is all they are meant to be but a note by the author in the programme of the Royal Court suggests something else. Pinter is attracted by incomprehensibility for its own sake. One must agree with him when he says that it is inaccurate to assume that verifying what has happened and what is happening presents few problems, but there is a world of difference between recognizing that many things are difficult or impossible to explain and going out of one's way to create new situations which are inexplicable and insoluble.

Another play with little obvious meaning except for its satire on the banalities of ordinary conversation and various aspects of modern social life such as "do-it-yourself" and talking weighing-machines is *One Way Pendulum* now showing at the Criterion after a short run at the Royal Court. Among the characters are a father who is building an Old Bailey at home from separate parts which he can buy, a son who is training a set of talking weighing-machines to sing the Hallelujah chorus, only eats in response to the bell of a cash-register and kills people in order to justify his desire to wear black, and an aunt who goes on endless journeys while sitting in the living-room and reading travel brochures. The mother, the daughter, the charwoman and other characters are equally odd in their habits.

Lear, Carroll, the Goon Show, Ionesco were all mentioned when this play was reviewed. Obviously its illogical type of humour does not appeal to everybody but Lear and Carroll are especially English and therefore N. F. Simpson's play should please many. Sometimes one gets the feeling that the author is introducing symbolism which is somewhat difficult to understand especially in the game of cards in the dark between the father and the judge and in the final judgment and sentencing of the son. However unintelligible some of it may be and however satirical, one does not get the impression that Simpson disliked people. Our laughter at human beings can be softened with sympathy.

IN THE CHAIR

(*With apologies to Thomas Gray* (*1716-1771*) *and his Elegy.*)

The front door bell proclaims the coming ' guest ',
The patients' book tells many a moving tale ;
The dentist, conscious of thrice strengthened zest,
Dons snow-white coat ; he feels he must not fail.

Now enters for the third time in one week
A hardened patient with life's brittlest fangs ;
For he, whose bite exceeds his bark feels pique
That fate upon his ' crowning ' glory hangs.

A forehead lamp casts shadows o'er the scene,
A gag prevents the crack of many a flippant jest ;
The whirling drill is hushed : the inlay's been
Put back, all glittering, like the rest.

N. ST. BARBE SLADEN.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Brighton Walk

SIR,—May I, through the courtesy of your columns, give your readers a few details about this years Brighton Walk.

The Walk this year will take place on Friday, 20th May to Saturday, 21st May. The start will be from the Tower of London, as last year, and finish at the Palace Pier, Brighton. The route will be the A23 all the way, the distance being 55⅝ miles.

Four other hospitals have entered, and these are: the London Hospital, St. Mary's Hospital, St. Bartholomew's Hospital, and St. Thomas's Hospital.

On the right is a print of the trophy kindly presented last year by Arthur Guiness Co. Ltd., to Guy's and which has, for the last year, been in the Cup showcase in the Lower Spit. The competition for the trophy will be very strongly contested and I hope that the support from the Hospital will be as great as it was last year.

The Walk is being supported by Guiness Co. Ltd., and Ovaltine; several other companies have been approached and will also support the Walk.

Later in the year Guiness are again giving a Luncheon to all those people who reach Brighton and a tie will also be presented.

The winning hospital this year will be decided by the number of students from the Hospital who walk there as a percentage of the total number of students in that hospital. This was decided by the Brighton Walk Committee as a fairer way of deciding the winning hospital, so that smaller hospitals, in the future, will not be discouraged from entering.

It has also been decided that only students will be counted in the result of the Walk, although Nurses, Physiotherapists, and members of the staff will be encouraged to walk, as the Walkers will need as much support as possible. This was decided upon as the number of serious walkers will be larger this year, somewhere in the region of 500. The fact that nurses, etc., will not be counted in the final result does not mean that any who walk will be left out of the festivities which follow; we welcome as much support as possible for the Walk.

I would like to take this opportunity to stress that the Walk is not a race and there is a time limit of 21 hours, those arriving at the end count exactly the same as those arriving first. It is essential that all those taking part in the walk remember this fact otherwise the friendly atmosphere of the walk will be lost.

Further and more precise details will be published later.

Yours etc.,

E. J. N. CHATER,
Chairman of the Guy's Hospital Student's Union.

Guy's Hospital, S.E.1.

Salaries in the U.S.A.

From Dr. Ruth Wiernik

SIR,—In reply to Sir John Conybeare's letter in your issue of 27th February, here is some of the information he requests.

House Officers' salaries in the U.S.A. vary enormously. Before the war the best posts from the teaching point of view were the worst paid, and this is still so to a large extent. However, a number of excellent but new hospitals pay a large salary to attract residents to an unknown establishment. As an example I quote the Lemuel Shattuck Hospital, where I did a residency last year. The salary, one of the highest in Boston, for Assistant Residents (generally 2 to 5 years after qualification) is $3000 p.a., with a small increase for Senior Residents. Accommodation, when required, consists of a 2-room suite with bathroom, use of floor kitchen and washing machine, for $20.00 per month. Meals cost $.30 and are good. (A hamburger outside costs $.25.) The hospital has daily teaching conferences as well as teaching ward rounds. Each resident is responsible for 30-40 patients, with supervision but a minimum of interference. There is a most active research programme in which the residents are encouraged to participate.

On the other hand, a 150 bed private hospital which takes rotating Shattuck residents at slightly lower pay but free board and lodging, has an almost non-existant teaching program, and the residents, in effect, serve as clerks to the private doctors.

The Boston City Hospital, which turns out highly competent doctors and has some fine work to its name in spite of conditions that Charles Dickens would have written books about, pays its interns (Pre-registration) $125.00 per month, while its chief residents (equivalent to senior registrar) receive $209.00. Board and lodging are free.

The Massachusetts General Hospital, locally considered the greatest in the world, and the Peter Bent Brigham Hospital who are currently doing such excellent work on kidney transplants, pay their interns nothing. Residents are paid $25.00 per month, with annual increases of $25.00. The Boston Children's Medical Centre pays nothing to either interns or residents.

There are also a number of posts available in hospitals such as Lakeville, where the story is a little different. This is an ex-TB., now a chronic disease hospital. There are neither interns nor residents. Two men rotate through here every 6 months on a good orthopædic training program. I am the only internist on the staff, apart from a rheumatologist who comes here for 1-2 days every other week. I hold the rating of senior physician at $9000.00 per annum and pay $20.00 a month for a delightful 5-room apartment. These hospitals have difficulty finding staff, because most American doctors eligible for such a post could make three times as much money in practice.

As far as I know, the only private fees residents receive are by taking night calls for local G.P.'s. This, however, is generally not available for English doctors who may practice only in hospitals under a "limited license." To be able to practice outside of a hospital, any non-U.S. graduate has to take a special (and nasty) examination—if he can get through the red tape which exists before he may even apply to sit said examination.

The process of specialization in the States varies with the specialty. In most centres there is a strict "pyramid" in general medicine and surgery, for example, at the Peter Bent Brigham Hospital in the Department of General Surgery, there are 8 interns, 6 junior assistant residents, 4 senior assistant residents, 2 residents, 1 chief resident. The average training program for these specialties is 3-5 years before specialist boards may be taken. Such departments as orthopædics, ENT, neurology, etc., generally do not have a pyramid. As far as I know, the shortest period required for specialization is two years in one or two minor specialties, at least in Massachusetts.

It must be borne in mind that the foregoing applies only to this area. The practice of U.S. medicine with all its ramifications is, in effect, controlled by the powerful A.M.A., and I understand that their policies vary widely from one State to the next. I have been told repeatedly that, on the whole, the further south and west you go, the higher the pay and the lower the standards. I cannot vouch for this. Trusting this information may be of interest,

Yours etc.,

RUTH WIERNIK.

The Commonwealth of Massachusetts,
Department of Public Health,
Lakeville State Sanatorium, Middleboro.

REVIEWS

Textbook of British Surgery. By SIR HENRY SOUTTAR and J. C. GOLIGHER. Wm. Heinemann Ltd. 1st Edition. *Price* 105*s*.

This is the fourth and final volume of the Textbook of British Surgery. It is devoted largely to orthopædics, but in addition there are chapters on Inflammatory and Pyogenic Infections, Accidental Wounds, Infected Wounds and Burns.

In the chapters on Orthopædics there is, as is to be expected with so many contributors, considerable variation of standard. This is, indeed, one of the defects of a treatise of this kind, for it means that certain chapters cannot compete with standard textbooks on the same subjects written by single authors. This criticism applies particularly to the chapter on Fractures, where the classification and the illustrations are inadequate, and the treatment recommended is not always of the standard that one would expect. The need for pronation in the reduction of Colles fractures, and for supination in the Smith's fractures is not made clear, in either the text or by illustration. Rather more might have been said about the place for removal of the femoral head and its replacement by a prosthesis in the primary treatment of fractures of the femoral neck, and surely there must be few surgeons who would now use an acrylic prosthesis, or remove the femoral head and neck when non-union occurs, leaving the patient, usually elderly, with an unstable and unusable limb.

The chapter on mal-union includes an odd assortment—osteotomies to correct bony deformity, operations for recurrent dislocation of the shoulder (the Putti-Platt procedure is not mentioned) rotator cuff lesions of the shoulder, and unreduced dislocations of the hip, patella, spine, elbow and carpus.

The chapter on Burns is excellent, as also are those on General Orthopædics, General Diseases of Bone, Arthrosteal Tuberculosis, Hæmatogenous Osteomyelitis and Tumours of Bone. These chapters, particularly those on General Orthopædics and Arthrosteal Tuberculosis, contain the information which a young surgeon would expect to find in a volume of this kind, and in addition the presentation is provocative and stimulating.

The chapters on the Surgery of the Hip, particularly the section devoted to Congenital Dislocation of the Hip, contain material which cannot be regarded as up to date. Preliminary abduction of the hip as a routine measure before attempting reduction of the dislocation is not mentioned. It is remarked that "if the hip cannot be reduced at the first manipulation, it should be placed on traction". If this may help, why should it not be used before the first attempt at reduction ? It is then advised that three failures of attempts at closed reduction demand open reduction. This is a curious indication for open reduction, for if one conscientious attempt at closed reduction fails, are two more likely to be successful ? Many would disagree profoundly with the view that apparent increase of the angle of anteversion is a radiological illusion.

In the section on Adolescent Coxa Vara internal fixation with a Smith-Petersen nail is recommended, rather than with the Austin Moore pins, which are less damaging and are preferred by most surgeons.

The illustration on page 415 in the section on Paralytic Dislocation of the Hip is not convincing. It is clear that despite the varus osteotomy the femoral head is still subluxing.

The chapter on the Knee is on the whole sound, but it is a pity that no mention is made of the need to attempt the repair of fresh cruciate ligament injuries. The old idea that instability of the knee due to cruciate ligament injuries is best treated by "intensive quadriceps drill, continued indefinitely" is once again trotted out.

The remaining chapters on the Surgery of the Hand, Scoliosis, Anomalies of the Spine, Pain in the Neck and Arm, Poliomyelitis, Orthopædic Surgery in Spastic Conditions, Peripheral Nerve Injuries and Amputations are individual contributions of considerable merit.

My conclusions are that although this book contains some excellent and brilliant contributions, it does not provide the uniformly high standard of information that those to whom it is directed would expect.

J.S.B.

Synopsis of Ear, Nose and Throat Diseases. By RYAN, THORNELL, VON LEDEN. C. V. Mosby & Co. *Price* 50*s*.

This book, which is from the United States, is written essentially for the undergraduate student or the general practitioner. It deals with the common ailments encountered in everyday ear, nose and throat work, in addition to anatomy and physiology.

The chapters on anatomy are more than adequately covered, and those on physiology, although brief, are clearly written. Whilst the section on the ear is well presented, that which deals with the nose contains passages which are somewhat confusing and lacking in detail and, in addition, one cannot accept all the methods of treatment which are advocated.

Generally speaking, however, this book seems to satisfy the needs of those for whom it is intended. O.H.S.

The Modern Trends in Accident Surgery and Medicine. By RUSCOE CLARKE, F. G. BADGER and SIMON SEVITT. Messrs. Butterworth & Co. (Publishers) Ltd. Pp. 330. *Price* 75*s*.

The Modern Trends Series have now become well established. These books can always be relied upon to give an authorative opinion and excellent review of recent literature. This book is no exception, and coming from the Birmingham Accident Hospital, offers sound well-tried advice.

There are ten contributors who are closely associated with the hospital and most of them members of the staff. The management of burns and of anæsthesia in trauma have not been included but these have been dealt with in other publications.

Perhaps the most interesting and stimulating chapters are those dealing with the medical, physiological and pathological aspects of trauma. The majority of these are written by the pathologist, Dr. Sevitt. Many new views are given on fat embolism, venous thrombosis, pulmonary embolism and traumatic uræmia. There is convincing evidence that anticoagulants lessen the chance of pulmonary embolism in the older patients with major fractures.

All those who deal with the injured will benefit from reading this book as it will fill a great gap in British surgical libraries. R.G.B.

Essentials of Orthopaedics. By PHILIP WILES, F.R.C.S. 3rd Edition. J. & A. Churchill Ltd. Pp. 576. *Price* 70*s*.

The third edition of Mr. Wiles' book has been extensively revised, and in parts re-written, to bring it fully up to date. The approach is regional apart from a preliminary chapter on postural defects and general sections on infections, chronic arthritis, blood and metabolic diseases, congenital defects and nervous disorders.

The text does not suffer from the over-condensation of smaller textbooks, and Mr. Wiles has clothed the bare bones of his subject in a manner which encourages an intelligent appreciation of the principles and aims of orthopædic treatment.

The section on back pain is comprehensive and, in keeping with the importance of this subject in modern orthopædic practice, is covered in detail, It is possible. however, that its very comprehensiveness may be confusing for the undergraduate reader. In the following chapter on the spine, a careful description of the anatomy and pathology of the intervertebral disc helps greatly in the understanding of the disorders resulting from its degeneration.

The other regional chapters are excellent, and that concerning the shoulder girdle contains a valuable analysis of the causes of pain in the shoulder, arm and hand, as well as making clear the often confused subject of the stiff and painful shoulder.

One minor criticism of the chapter on pyogenic osteomyelitis is that, with the increasing incidence of resistant staphylococci, greater emphasis might have been laid on the danger of undue reliance on Penicillin, and the importance of early operation in the unresponsive case.

The illustrations throughout this edition are profuse and of excellent quality. The reproduction of the radiographs is very good with the exception of a very few such as Figs. 108, 109 and 110, where the detail is poor.

This is a first rate book, which has become deservedly popular. The third edition will certainly enhance its reputation.

A valuable new feature of this edition is a full list of references to provide further reading for those interested in any particular topic. B.H.B.

Home Guide for the Diabetic. Diet Instruction, Recipes and Other Guidance. Iliffe & Sons Limited. 30 pages. 3*s.* net (by post 3*s.* 3*d.*).

This little booklet is based on "a concise handbook as used in the Leicester Royal Infirmary Diabetic Clinic . It contains useful guidance for diabetics on the nature and management of their disease and over half the booklet is devoted to the principles of diet. These are very clearly explained and seven specimen diets are included. This is a book that Physicians can confidently recommend to their diabetic patients.

I.E.E.

Psychiatry : Descriptive and Dynamic. By JACKSON A. SMITH, M.D., F.A.C.P. The Williams & Wilkins Company. 1st Edition. *Price* 50*s.*

Jackson Smith, formerly Professor of Neurology and Psychiatry at University of Nebraska College of Medicine, has written a new short textbook of psychiatry. He aims to describe concisely the various syndromes seen in mental disorders and to make these recognizable to student and physician alike by giving the signs and symptoms, and at the same time minimising controversy, areas of theoretical discord and non-medical speculation. He has succeeded admirably.

The history of psychiatry is described with its roots in genetics, anatomy, physiology, biochemistry, endocrinology, neurology and medicine, and with an interest also in history, sociology, anthropology and philosophy. He shows the psychiatric method with its holistic approach to the patient with consideration of his hereditary, personality, life history and physical and mental state.

There is a clear account of the major forms of mental illness—psychoneurosis, hysteria, manic-depressive illness and schizophrenia; and those subjects of special interest to psychiatry—epilepsy, mental defect, sexual and social behaviour deviations, alcoholism; an appraisal of the use of hypnosis; also chapters on child psychiatry and geriatric problems, and a brief chapter on psycho-physiological, autonomic and visceral reactions and the psychosomatic approach to medicine. This embodies a concept of the simultaneous study and treatment of the emotional and somatic factors in their mutual inter-relation in disease.

There is a good account of physical and drug treatments.

The account of the dynamic schools of psychiatry particularly of Freud, Jung and the Existentialists and the chapter on psychotherapy are masterly in their clarity and exposition in terms of recognisable human experience.

The text is illustrated with relevant well chosen case material throughout.

This book teaches the student to be aware of the patient as a person ; to understand the part played by emotional factors in disease; to know and recognize the commoner forms of mental disorder; and to be familiar with the commoner and more recent methods of treatment available.

The style is clear, often witty and with a humanity that makes it acceptable and easily readable.

This is a book to be recommended to students and physicians. Its extensive but carefully selected bibliography gives a sound framework for further reading.

P.G.M.

Metabolic Disturbances in Clinical Medicine. Resnick & Barrett.

This book can be recommended, for it provides in one volume, a background of physiological and biochemical knowledge useful to the clinician.

A number of contributors have reviewed and summarised the main advances in the sphere of metabolic disease in an eminently readable fashion. Many aspects are dealt with rather superficially but in this way an outline of each subject is quickly and easily assimilated and if necessary can be elaborated with the aid of references provided at the end of each chapter.

The chapters on nutrition, electrolyte disturbances, renal, liver, bone and respiratory disease, amongst others, are particularly helpful to the student of clinical medicine.

D.A.F.McG.

The Living Body. By BEST AND TAYLOR. Chapman & Hall Ltd., 4th Edition, 1959. *Price* 45*s.*

This book has a well-established place in medical and dental schools in this country and North America and it can be said at the outset that the textual changes in the new edition are slight, except for certain portions such as those on pernicious anæmia and on hormones which have been brought up-to-date. The publishers say that it has been given a "new look"; does this mean that they are taking a leaf from the book of the dispensers of haute couture with new editions likely to appear as frequently as new fashions? The book is bigger than previous editions and no longer merits the nickname of "little Best and Taylor". The increase in size has been employed chiefly in improving the layout and illustrations; the latter were a weak feature of previous editions. Many of the photographs have been replaced by drawings and some of the figures have been enlarged and clarified. For the first time portraits appear of the great men of medicine—Harvey, Beaumont in United States army uniform, Pasteur, Lister and others.

Those of us whose introduction to Physiology was the first edition of this book, a slim volume of 563 pages, will sympathise with the modern student whose introduction to the subject has grown to a stout middle-aged tome nearly 200 pages longer. Allowing for the increase in page size the book now contains nearly twice the area of print contained in the first edition. There are improvements and necessary additions of course, but it is doubtful whether the book is better in the same proportion as it is bigger. The textbook writer naturally feels that he must cover an expanding subject thoroughly and in this he is supported by the student who likes to know that he will find the answer to the most searching examination questions among the ample pages of his textbook. But where do the lecture and tutorial class fit into the scheme of learning? Frequently one finds that students adhere rigidly to what they read in textbooks in spite of contradictory or more up-to-date expositions given in lectures. They have implicit faith in the printed word, doubting what they hear, or more reasonably, the version of it that they decipher from their notebooks.

Perhaps the time has come for a really new look in textbooks. Students complain that books are expensive, and with editions appearing frequently, it is doubtful whether the solid binding, which contributes a great deal to the high price, is justified. There may be a place for a small book bound cheaply and with pages interleaved with plain paper offering an elementary background to the subject which the student can supplement with notes taken in context at lectures and tutorial class.

P.J.A.

The following Books have been received from PAN BOOKS LTD.
Publication date 8th April, 1960.

Rally Round the Flag Boys.
The League of Gentlemen.
Southways.
The Tall Man.
Kicking Canvas.

DR. DONALD HUNTER at Guy's:

"This is the holy cardiac department".

"Most of the people who go to my memorial service will not have met me".

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Registrar in the Department of Clinical Pathology,** duties to commence as soon as possible until 30th September in the first instance. The holder of this post will be required to spend a period in the Haematology Department as well as the Evelina Hospital for Sick Children.

Forms of application are obtainable from, and should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **7th May, 1960.**

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAL REGIONAL HOSPITAL BOARD

Applications are invited for the post of **Senior Registrar in Orthopaedic and Traumatic Surgery** to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board, with duties until 30th September, 1962. The appointment will be made jointly by the bodies concerned and will be held for the period 1st July, 1960, to 30th September, 1961, in the Medway and Gravesend Group, and at Guy's Hospital from 1st October, 1961, to 30th September, 1962. The post, which will be reviewed annually, is subject to *the Terms and Conditions of Service of Hospital* Medical and Dental Staff (England and Wales).

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **Saturday, 7th May, 1960.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st June, 1960. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by 30th April, to K. J. Johnson, House Governor, and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited from fully registered practitioners for the two following Resident Posts, each for six months from 1st June, 1960. Both appointments are recognized for the D.C.H.

House Physician (with some Casualty Duties).
House Surgeon (in addition to general surgery, experience includes E.N.T., Orthopaedic and accident work as well as repair of congenital deformities. Some Casualty Duties).

Applications stating age, nationality and qualifications (with dates) with copies of three recent testimonials to reach the Hospital Secretary by first post on the **6th May, 1960.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited from registered Dental Practitioners for the appointment of **part-time Demonstrator in Special Anatomy and Histology** to commence duties on 1st October, 1960.

Forms of application are obtainable from the Dean, Guy's Hospital, Guy's Hospital Dental School, London, S.E.1, to whom applications should be sent not later than **Tuesday, 10th May, 1960.**

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital *invite applications from registered Dental* Practitioners for the following appointments to commence duties on 1st October, 1960.

Department of Conservative Dental Surgery
Part-time Registrars to attend on 6, 5, 3 or 2 sessions per week.
Department of Dental Prosthetics
Part-time Registrars to attend on 6, 5, 3 or 2 sessions per week.
Dental Department for Children
Part-time Registrars to attend on 6 or 3 sessions per week.
Orthodontic Assistants to attend on 6 or 3 sessions per week.
Assistants to the Visiting Surgeons
Part-time Registrars to attend on 6 or 5 sessions per week.
Department of Preventive Dentistry
Part-time Registrars to attend 5, 3 or 2 sessions per week.
Casualty Department
Part-time Registrars to attend on 6, 5, 3 or 2 sessions per week.
Minor Oral Surgery
Part-time Registrar to attend on 6 or 3 sessions per week.
Dental Radiology
Part-time Registrar to attend on 6 or 3 sessions per week.
Ante-Natal Clinic
1 Dental Officer to Salomons Centre for 1 session per week.
Staff Dental Officer
1 Dental Officer.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Tuesday, 10th May, 1960.**

PASS LIST

UNIVERSITY OF LONDON

M.D.

D. F. N. Harrison R. J. Shephard

NURSING NEWS

Entered :
Sister J. K. Harris to *Nursing School.*
Sister J. Naye-Smith to *Nursing School.*
Sister D. Parsons to *York Clinic.*
Sister J. K. Jarvis to 4B *New Cross.*
Sister B. Wreford to *Surgical Night Sister.*
S/M P. Lee to *Victoria.*
S/M W. O'Neill to *Victoria.*
S/M M. Munro to *Victoria.*
S/M J. McDougall to *Victoria.*
S/N B. Swayne to *Psychiatric O.P.D.*

S/N M. Kneath to *Patience and Samaritan.*
S/N J. M. Taylor to *Sarah Swift.*
S/N Cocq. Conti to *Evelina.*

Transfers :

Sister Bywater from *New Cross* to *Dorcas.*
S/M D. Sewell from *Victoria* to *S/N Job.*
S/N M. Heath from *Guy's* to *New Cross Theatre.*

Left :

Sister B. M. White from *John and Miriam.*
S/M Ashton from *District.*
S/N J. Pepper from *Caleb and Diplock.*
S/N Jennings from *Evelina.*
S/N Olds from *Evelina.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Bishop, P. M. F. and another. Treatment of Functional Menstrual Disorders with Norethisterone. *Brit. med. J.*, 1960, i, 1103.

Burn, J. H. and another. The Relation of Circulating Noradrenaline to the Effect of Sympathetic Stimulation. *J. Physiol.*, 1960, **150**, 295.

Gardiner, Peter A. and another. Association between Maternal Disease during Pregnancy and Myopia in the Child. *Brit. J. Ophthal.*, 1960, **44**, 172.

Gibbs, A. E. The Use of Methylpentynol Carbamate in a Geriatric Unit. *Practitioner*, 1960, **184**, 477.

Hunter, Richard A. and another. Psychotherapy in Migraine. *Brit. med. J.*, 1960, i, 1084.

Kendall, P. Hume. Steroid Osteoporis. *Proc. R. Soc. Med.*, 1960, **53**, 206.

Pentney, B. H. and others. Assessment of Applications for Rehousing on Medical Grounds. *Brit. med. J.*, 1960, i, 1125.

Polani, P. E., Briggs, J. H. and others. A Mongol Girl with 46 Chromosomes. *Lancet*, 1960, i, 721.

Robin, Ian G. Effect of Noise made by the Dental Turbine Drill. *Dent. Practit.*, 1960, **10**, 148.

Robinson, Richard G. Hydatid Disease Affecting the Nervous System. (Hunterian Lecture). *Ann. R. Coll. Surg. Engl.*, 1960, **26**, 145.

Robson, J. M. and Smith, J. T. Immunity in *Mycobacterium lepraemurium* Infections. *Brit. J. exp. Path.*, 1960, **41**, 81.

Smith, R. C., Wyard, S. J. and another. Electron Spin Resonance Absorption for Polycrystalline Substances. *Proc. phys. Soc. Lond.*, 1959, **74**, 491.

Tibbs, David J. Embolectomy in the Limb Arteries. *Postgrad. med. J.*, 1960, **36**, 283.

Tibbs, D. J. and another. Acute Ischaemia in Limb Injuries. *Brit. med. J.*, 1960, i, 1001.

Tickner, A. and another. Serum Cholesterol, Uric Acid and Proteins in Psoriasis. *Brit. J. Derm.*, 1960, **72**, 131.

Tickner, A. and another. Serum Proteins and Liver Function in Exfoliative Dermatitis. *Brit. J. Derm.*, 1960, **72**, 138.

Wendell-Smith, C. P. The Assessment of the Film. An Introduction to Human Dissection. *Scientific Film Rev.*, 1959, **5**, 108.

Wendell-Smith, C. P. and Williams, P. L. The Use of Teased Preparations and Frozen Sections in Quantitative Studies of Mammalian Peripheral Nerve. *Quart. J. micr. Sci.*, 1959, **100**, 499.

Wheatley, David. The General Practitioner Research Group. *Practitioner*, 1960, **184**, 500.

Williams, P. L. Sections of Fresh Mammalian Nerve-trunks for Quantitative Studies: A Rapid Freezing Technique. *Quart. J. micr. Sci.*, 1959, **100**, 425.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

Required

EXCELLENT opportunity for recently qualified Guy's man to obtain a secured position in large Herefordshire dental practice. Apply Box 223.

For Sale

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage, Packing 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, **St. Thomas's Street, S.E.1.**

INDEX 1959 may be obtained free of charge, from the *Gazette* Office, or Wills Library—Binding Cases 5*s.*

BINDING. Have your *Gazettes* Bound 10/6*d.* per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

K. Hooper, M.R.C.S., L.D.S., Shrewsbury Cottage, The Hill, Cranbrook, Kent. (Tel. Cranbrook 3332).

D. R. Laney, B.M., B.Ch., Abbottsleigh, Rolle Road, Exmouth, Devon. (Tel. Exmouth 5797).

A. V. Large, M.B., B.S., King Edward Street, Ulverstone, Tasmania.

Irvan Yentis, M.D., M.R.C.P., Lavender Wall, 12, Warren Road, Ickenham, Middlesex. (Tel. Uxbridge 5867). *Consulting Rooms :* 12, Clarence Road, Windsor. (Tel. Windsor 1602).

BIRTHS

DAVIDSON.—On 2nd April, 1960, at R.A.F. Hospital, St. Athan, Glamorgan, to Anne (née Rogers), S.R.N., and David Davison, M.B., B.S., a daughter (Caroline Jane), a sister for Jonathan.

HARLEY.—On 11th April, 1950, at Cardiff, to Anne (née Phillips), and Clifford Harley, M.R.C.S., L.R.C.P., a son (Simon).

HORSFALL.—On 16th November, 1959, at Witbank, Transvaal, to Nancy (née Hudson), S.R.N., and Dick Horsfall, a son (Richard Paul), a brother for Jane.

MARSDEN.—On 28th February, 1960, at Cedarcroft, 37, Park Lane, Broxbourne, Herts., to Pat (née Griffiths), and John Marsden, a third son (Adrian Philip).

ROSS.—On 26th March, 1960, at the Queen Mary Maternity Home, Edinburgh, to Peggy (née Donaldson), S.R.N. and Douglas Ross, a son (Alastair Douglas).

VAUGHAN.—On 31st March, 1960, to Thurle and Gerard Vaughan, M.B., B.S., a daughter.

WAKELAM.—On 31st January, 1960, at Worcester, to Ann (née Graham Davies) and Peter Wakelam, B.D.S., a daughter (Helen Rachel).

MARRIAGE

COPLEY—MUNDY.—On 26th March, 1960, at St. Nicholas Church, East Grafton, Wilts., Brian Copley, M.B., B.S., to Faith Mundy, S.R.N.

EDS. { D.N.L. / S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1873 *7th May*, 1960 *One Shilling*

PASSIM

Obiter Dictum : " Please come and sit down, it worries me to see you tired."—Mr. Hedley Atkins, 1960.

TEACHING rounds vary between two extremes: there are those in which the firm rapidly walks from bed to bed seeing all the patients, and on the other hand there are rounds devoted entirely to teaching on a single patient or subject. Nearly a third of the rounds at Guy's fall into the second category, and it is for these rounds that we particularly welcome the increasing tendency of Consultants and Registrars to have the firm seated. When it is possible it is usually profitable. Certainly Mr. Gibberd's deservedly popular Monday afternoon sessions have benefited greatly from his decision to have the very large audience sitting down, where all can see, hear, take notes and are able to concentrate entirely upon obstetrics.

We all recognize the familiar sight of a firm which has been on one spot for over half-an-hour—hanging from the curtain rails, standing on one leg, slipping a surreptitious foot on the bed frame, rocking like a policeman on the balls of the feet—that is the time when the firm, however good the teaching, are thinking only of venous stasis and of the prospect of sitting down or at least of moving. Medical teaching can sometimes be given sitting down as is frequently done in the departments of Obstetrics and of Paediatrics. Sitting can be introduced judiciously and advantageously for the more mobile rounds as many, including Doctors Douthwaite and Mann, and Mr. Grant Massie show. But the rounds which benefit most from sitting down are those that are given, frequently by Registrars, on a particular disease or method of treatment. The most well prepared and excellently delivered teaching does not get the attention nor the results it deserves when the audience is standing, and is all too well aware of the fact.

The Army (which admittedly may tend to look after itself a little too well in peace time) orders instructors "Never teach men standing up if they could equally well be sitting down." We are glad that teachers at Guy's are demonstrating that some medical subjects can "equally well" be taught sitting down.

Guy's doctors of the future will have fewer varicose veins; but they will know more about them.

It was with great regret that we heard of the recent death on 22nd April, of Morton Marks, Consultant Ear, Nose and Throat surgeon to the Mile End and St. Leonard's Hospitals, and we offer his wife and children our sincere sympathy in their bereavement. An obituary notice appears on another page.

The British Medical Association has awarded the Sir Charles Hastings Clinical Prize to Dr. John Fry, of Beckenham, Kent.

We are very pleased to hear that Miss M. Duncombe, the Lady Superintendent of Nurses at the Evelina Children's Hospital, has been elected President of the Association of British Paediatric Nurses. Since its foundation twenty-two years ago the Presidents of the Association have been Guy's trainees, Miss Duncombe's two predecessors being Miss A. M. Coulton, and Miss D. A. Lane.

We would also like to congratulate Miss M. Benson on her recent appointment as Northern Area Organizer for the Royal College of Nursing. Miss Benson, who was seriously injured in an aeroplane crash three years ago, has had wide experience in Hospitals and the World Health Organization, and having been a public health nurse in Yorkshire is already familiar with the individual problems of that district.

The Residents' Ball at the Park Lane Hotel, last Friday, was by all accounts a great success and a credit to its organizers; a success contributed to by the "poor" attendance as for once there was room to dance.

Patients of a Kent doctor have knitted, whilst waiting in his surgery, 14 blankets and 6 shawls for the refugees. It is estimated that the waiting hordes in Out-Patients could profitably produce 54½ blankets or 162½ shawls a month (excluding those knitted by patients within the Department of Dermatology).

GUYS DIARY

MAY			Exhibition. *Goitre.*
9th	M	1.00	Mr. Stamm. Clinical Lecture. *Pain in Orthopaedics.*
12th	Th	1.00	Dr. Morton. Clinical Lecture. *Congenital Syphilis.*
14th	S	10.00	Surgical Departmental Round conducted by Mr. J. S. Batchelor.
16th	M	1.00	Dr. Hall. Clinical Lecture. *Anaesthesia for the Nervous Child.*
17th	T	1.00	Mr. Kilpatrick. Clinical Lecture. *Bladder Tumours.*
19th	Th	1.00	Mr. Lawrie. Clinical Lecture.
20th	F	1.00	Dr. Hunter. Clinical Lecture.
20th	F	5.00	Professor P. B. Medawar. Fison Memorial Lecture. *Logic. Philosophy and Science.*
23rd	M	1.00	Dr. McArdle. Clinical Lecture.
24th	T	1.00	Dr. Dow. Clinical Lecture.

NOTICES

GUY'S HOSPITAL

A Service will be held by The Right Reverend The Lord Bishop of Southwark, for the Licensing of The Reverend A. J. M. Saint, as the Resident Chaplain of Guy's Hospital, on Friday, 13th May, 1960, at 9 p.m. in the Hospital Chapel.

THIRTY CLUB

The Annual Dinner of the THIRTY CLUB will be held on Friday, 13th May, 1960, at The Royal Air Force Club. Dr. A. H. Shelswell in the Chair. Detailed notices have been sent to all members. Will those members who have not yet replied please do so as soon as possible.

80th ANNUAL CONFERENCE OF THE BRITISH DENTAL ASSOCIATION

The 80th Annual Conference of the British Dental Association will take place during the 11th-15th July, 1960, in Edinburgh. Arrangements are being made for the Guy's Alumni Luncheon to be held at the North British Hotel, Edinburgh, on Thursday, 14th July. The cost will be £1 1*s.* 0*d.* per head exclusive of drinks, etc. Guy's men wishing to attend this Luncheon should write direct to Mr. G. Gordon Hardie, 41, Bridge Street, Hawick, Roxburghshire, not later than 4th June, 1960.

CORRESPONDENCE

Letters to the Editor of the Gazette

Clubs' Union Ball

SIR,—Through the *Gazette* I should like to draw the attention of all Guy's men to this years Ball at the Royal Festival Hall. It is to be held on Friday, 10th June, from 11.0 p.m. till 5.0 a.m. Dancing will be to Laurie Payne and his Orchestra. Double tickets are £3 (Buffet and a bacon and egg Breakfast inclusive).

Numbers will again be limited to 1,000 and following last years sell out those intending to come to the Ball should make an early application for tickets.

Tickets are available from J. Goodliffe, Esq., The Medical School, Guy's Hospital, from Home Sister and from members of the Ball Committee. Cheques should be made payable to "Guy's Hospital Medical School".

Yours etc.,

C. J. ROWLAND,
Hon. Assistant Secretary, Guy's Hospital Clubs' Union.

Guy's Hospital, S.E.1.

Guy's Regatta

SIR,—Now that the sailing season is in full swing may I, through the courtesy of your columns, take this opportunity of welcoming everyone connected with Guy's and their friends to the Guy's Regatta, at Burnham-on-Crouch, on the 9th and 10th of May. The cost will be 25*s.* for the two days, including the Annual Dinner at the Ship Hotel.

This is the ideal opportunity for beginners to try their hand at sailing and enjoy the carefree atmosphere of the United Hospitals' Sailing Club.

Yours etc.,

PETER BLOOR,
Hon. Secretary, G.H.S.C.

Guy's Hospital, S.E.1.

All contributors to the "Gazette" are reminded that copy must be received in the Gazette Office, 16 St. Thomas's Street, not later than 10 a.m. on the Monday of the week of issue.

OBITUARY

MORTON MARKS, M.R.C.S., L.R.C.P., D.L.O.

Mr. Morton Marks, consultant E.N.T. surgeon to Mile End and St. Leonard's Hospitals, died on 22nd April, at the age of 41.

Morton Marks was educated at St. Paul's School and qualified from Guy's Hospital in 1943. After doing medical, surgical and E.N.T. house appointments, he took his D.L.O. in 1945, following which he joined the R.A.F.V.R. and served as Squadron Leader and E.N.T. specialist in Egypt. On leaving the R.A.F.V.R. he was appointed registrar at the Royal National Throat, Nose and Ear Hospital, and first assistant to the E.N.T. department at St. George's Hospital and the Victoria Hospital for Children, Tite Street.

At the Royal National Throat, Nose and Ear Hospital he came to the notice of the late Lionel College, under whom he worked for several years and whose influence and teaching guided his particular interest in diseases of the larynx, a subject to which he always gave special interest. In otology too his gentle dexterity produced a greater proportion of dry mastoid cavities and preservation of hearing than many could claim, since he always performed the wide meatal flap which was characteristic of Lionel College's surgery.

In 1950 he was appointed consultant E.N.T. surgeon to both Mile End Hospital and St. Leonard's Hospital.

One of Morton Marks' greatest characteristics was his boundless energy. No day was long enough for his work; no out-patient session or operating list too large, yet each patient received his unhastening attention. No work was ever skimped and with all this he was always in good humour. Nothing ever seemed to upset his constant gay equanimity which made him so popular with his colleagues and the nursing staff of the hospitals he visited.

Apart from his own hospital work and an extensive practice, no request for help from other hospitals was ever refused and how he managed to do such a prodigious amount of work so effortlessly and efficiently was a constant source of admiration. In addition he made time to devote himself to the more academic side of his specialty. He was a regular attender at the Royal Society of Medicine and was often to be found at other hospitals familiarising himself with some new technique. He also found time to contribute articles to various journals.

Thus fate has robbed us at such an early age of one whose untiring energy and diligence had earned for him great esteem and whose friendly charm had gained him so many real friends. Up to two months ago, when it was evident that he was mortally ill, some innate desire for activity stimulated him to continue his work and, though morphia was often necessary to dull the pain, even that could not blunt his energy. It was not until his physical strength failed completely that he was forced to give up. After that his one constant thought was to get back to work. His lust for life was unshaken to the end.

He was a devoted family man and was also a delightful and friendly host to his large circle of friends.

His father, Maurice J. Marks, L.D.S., R.F.P.S., studied at Guy's from 1903-1908, whilst his brother, Geoffrey J. Marks, L.D.S.R.C.S., qualified from Guy's in 1946.

Mr. Marks leaves a widow, a daughter and a son.

DISCURSIVE MUSINGS CONCERNING A COLOSTOMY

By P. F. S. COURT, F.R.C.S.(Ed.)

In April of 1959 I suffered an acute perforation of diverticulitis of the sigmoid colon. For this a transverse colostomy was done, the perforation being at the same time closed and the region drained.

I have been persuaded by colleagues to write an account of my thoughts and feelings about this calamity and this I shall endeavour to do subjectively, as most surgeons are acquainted with the objective aspects of such an occurrence.

The difference between personal experience of discomfort and knowing from reading and narration about the same discomfort, is wide, no matter how often it has been witnessed. The distress may in some instances be not as bad as imagined and perhaps more often very much worse; therefore an attempt to give my personal feelings about a colostomy may be of some value in lessening the width between actuality and the imagined. These feelings must in many ways be different from those likely to occur in a lay patient in whom there is likely to be more of the fear of the unknown than there is in the surgeon, and far more of the sense of horror which in the mind of the uninitiated is linked with viscera, blood and wounds.

It was suggested to me that if the sufferer with no knowledge of surgery, is unaware of all that may be wrong, he is by so much relieved of anxiety. I do not think this is so, as he is more likely to have dark fears of the unknown, while the surgeon on the other hand has the reassuring knowledge of statistics and may well remember similar cases in his own practice; cases that did well. This was so for me and once the first dangers were passed, the latter complications were not of the terrifying kind. However, there is much common ground of ordinary fears and horrid imaginings—especially of cancer. This was soon allayed by my surgeon's reassurance.

For both, a colostomy is an ugly sight—even to a surgeon. How very much worse it must be to one who has not ever thought of such a thing, let alone ever seen one. In my case I was slightly reluctant, at first, to look at it and disliked touching it.

There is such a wide range of feelings in different people, that one can imagine some for whom the mere business of cleansing and caring for a colostomy, would be a recurring misery, and others who would be almost indifferent. Before I had the colostomy, I thought that I would rather be dead than have such a distressing disability. I can now say, that I could contemplate less antagonistically, such a tribulation for the rest of my life, but certainly I would contemplate it with very much unhappiness. This judgment is after putting up with one for only four months, and it was still untrained. I believe that it must take something like eighteen months to two years, to train the bowel to behave with reasonable regularity and to produce solid faeces. I expect that a left inguinal colostomy is likely to be amendable to training more readily than a transverse colostomy, where the faeces are more liquid than lower down, owing to the longer reach of bowel for the absorption of water. Certainly after four

months the transverse colon colostomy was still a wayward irregular and unpredictable hole, liable to work at the most awkward times.

From accounts of colostomies I have read, it seems that some possessors of this orifice are able to lead a reasonably normal life, and some fear to leave their homes, or at least easy access to a lavatory. I have not been able to discover how many there are in each of these two classes. There is, however, a tendency for the bowel to learn to solidify what in that section is usually liquid faeces. This surprisingly enough occurs even in ileostomies. I have two patients in my practice and each have moderately formed stools from ileostomies. Is there any evidence that in the normal small bowel the contents solidify ? I think not. I have inspected very many small intestines low down at abdominal operations and though not with the specifically directed attention, I cannot recall ever feeling anything solid except the occasional bunch of worms in Africans in the tropics. Undigested pieces of orange or other matter in the small intestines are recorded and sometimes cause obstruction, but this is different from the solidification of previous fluid contents.

All my life I have had a tendency to looseness of bowels, and much bowel flatulence; usually there are two motions a day, and often three or four. In Hong Kong, when I was in my thirties, I had about eighteen months of incessant tropical diarrhœa. No infection could be found on careful examination, and I had a course of Emetine, just in case there were lurking amœbæ; the treatment was ineffective. Apart from these illnesses, I have done full duty as a general surgeon, until the perforation of the diverticulitis, in April, 1959. Briefly my large bowel has always been a refractory and troublesome organ.

An 30th April, 1959, after a full day's work which made me a little more than ordinarily tired, I started to have pain in the lower abdomen, in the middle and over towards the left iliac fossa. There was a dull ache with spasms of colic at times. I had experienced similar attacks on occasions before, and there was about the same amount of tenderness as usual, on deep pressure. Whenever I had these attacks, I took Gm.2 of Thiazole, as I had long suspected that I might have diverticulosis, but I had never had it investigated. "Mea culpa".

Though I suspected diverticulosis, at no time could I ever feel any lumps in the abdomen, except a spastic colon and with this attack I could likewise feel no lump. The passage of flatulence after the spasms of colic much relieved them, but the dull pain continued. The abdominal wall was flexible and on light palpation there was no tenderness. It moved easily on taking a deep breath, but doing so caused an increase in the dull pain low down behind the linea semilunaris. My appetite was good. I did not feel ill. The tongue was clean and I ate dinner with enjoyment after drinking a whisky and soda water. I went to bed after dinner and soon slept, to wake up at midnight with much more severe colic. Again there was no abdominal rigidity and no superficial tenderness.

I rubbed the painful region firmly with my hand and this gave relief, but I now wonder whether it caused the thin diverticulum to burst, although at the time it was comforting. I again went to sleep but woke up after about two hours, and this time there was a striking change. The pain was intense, with spasms. I felt nauseated and vomited. There was much tenderness on light palpitation all over the lower half of the abdomen, and especially on the left, while the whole abdominal wall was rigid. There was stabbing pain at the end of micturition. My immediate thought was perforated gut, no doubt diverticulitis, and I called my wife to fetch the surgeon who lived near by. Before he arrived my temperature was 100° F. He agreed with the diagnosis and soon gave me a gramme of Streptomycin and 100 mgs of Pethidine. How often had one seen the quietening effect of morphia, or its kind, but not having had such an injection before, the relief of the blessed opiate, firstly to the pain and then to the anxiety, was a revealing experience.

The pain abated to almost nothing and a "couldn't care less" frame of mind, replaced the previous fears. I should say, however, that when I diagnosed perforated diverticulitis with it's 50% mortality rate, or, if not death in its sequence,

a disgusting disability, there came into my mind, a feeling of "this is it", comparable to what I had often read about men suddenly confronted with the probability of ultimate disaster. At the same time my mind filled with a sense of resignation in which there was little, if any, fear; all that mattered was the pain of the peritonitis, and even this was not unbearable. Is there unbearable pain ? Was the pain of an amputation, done in a few minutes, worse than a caning from an angry schoolmaster ? Or was it the horror of the operation, that made it hideous and terrifying, and added misery to the suffering. Who can tell ? It is, maybe, fruitless to speculate about the incommensurable severity of pain, but there is little doubt that it is as variable as individuals. How much is pain designed naturally to keep the injured part from moving, and how much personally to gain attention? It is strange that words said in the lullaby manner, which is very largely what hypnosis seems to be, can allay, and often more effectively remove pain than morphia; and I say this with the personal experience of using hypnosis. For example, a man who had an ulna nerve injury, which was recovering, had such pain as to require frequent Pethidine or morphia. A hypnotic session completely relieved his pain except for a slight pricking at the tip of his little finger. The effect lasted twenty-four hours and could then be regained once more, for another twenty-four hours. After ten days or so of hypnosis, he was free of pain. This may have been the natural process of healing, but during this time the pain was almost eliminated. The pain in this man, was in my opinion, not a protective one, and it was, therefore, right to allay it. It was an incidental ill chance.

The easy swiftness with which one goes into anæsthesia with Thiopentone, is a boon which it was good to experience, especially when the days of suffocation, intoxication and prostration which were the horrid accompaniments of ether and chloroform anæsthetics, are recalled. There must be few doctors who qualified after the early thirties of this century who have experience of the struggling and the screaming and the shouting in terror that went with the induction of anæsthesia, or the clinging unpleasantness of stale ether and chloroform in the breath, or the torture that vomiting and the ether cough must have caused by tugging on the stitched wound. The effects lasted the best part of a week or more and too many died of pneumonia.

On coming round from the anæsthetic, I soon became aware that I had no idea of what time it was, and had some mild distress until I was told, and as it were, re-established myself in time. How often one witnesses a patient opening his eyes from anæsthesia, looking round vaguely, and soon asking "What time is it ?". Now this is different from what happens with sleep. It is often possible to wake up at night and be nearly right in an estimate of what the time is; not always but more often than not. What is this "physiological clock ?". Bees and many animals have it, as well as human beings. It can be most astonishingly shown in a subject under hypnosis, who can be given a post hypnotic suggestion to perform such and such an act at a specified time hours or even weeks and months later and telling him that when he is released from hypnosis he will have no recollection of the suggestion. The act is performed within minutes of the moment given by the hypnotist, and is done apparently on an impulse without his knowing why he has done it. Many people can seemingly set something like an alarm in heir physiological clocks, to wake them at a chosen time.

At first on recovering from the anæsthetic, I was unaware of pain and lay in a dozing state. After about an hour I felt nauseated and vomited. This was intensely painful and I can now better understand what I have always known impersonally, the fear that patients have that their wounds are being torn asunder by coughing and more so by vomiting. This indeed does happen some times, nevertheless it is surprising how seldom it does.

Many patients lie rigidly still after operation and this was one time encouraged, especially if they lay flat. Doing so, must have been much responsible for congestion at the bases of the lungs whole avoidance of the painful cough, must have contributed its big share, as it still does, to complications in the lungs. This rigidity due to fear, can be well dealt with by hypnosis.

I found that while lying still I had no pain, and it was possible to take deep slow breaths without much pain; it was not painful to move the legs, but turning over from one side to the other hurt very much, but it was not a sickening pain. It might have been called a clean pain. There was no throb in it and it did not

have the distressing dull ache of toothache, nor the pain that follows a burn. It might be advantageous to point this out to patients, telling them that this is a protective pain, and not a sign of disease.

During the first day I had intravenous glucose-saline and continual suction from the stomach by Ryle's tube and Wangansteen's bottles. The tube through the nose was not as uncomfortable as I expected but I only needed it for forty-eight hours, in which time it had caused slight soreness at the back of the throat.

My tongue was very sore indeed. This was caused by tongue forceps, for though I did not know it at the time, I must, soon after the operation and when back in the ward, have swallowed my tongue or had a glottic spasm. I am told that I went intensely blue and pulseless. So bad was this that they were preparing to do cardiac massage, when I "started up" again. I think that this must have been respiratory obstruction rather than a heart failure, for when I was fully conscious, at about 10 a.m., my pulse, which I felt, was steady, good and about eighty-five beats per minute.

On the morning following the operation day, I was able to stand up at the bedside and walk a few steps. This exercise (to which I have been subjecting all my surgical patients for the last ten years, unless they were prostrated by the operation) is a most valuable advance in treatment, and comforting. It was first advocated about thirty years ago in America. I now understand why so many patients when they have returned to bed and stopped groaning and wincing, close their eyes, throw their heads back on to the pillow and soon thereupon give a deep sigh and say "Oh, that *is* better" !

I had a satisfying notion that stagnation had been circumvented; a sense that I do not think is quite imaginary or peculiar to myself, for other patients have it and there is in fact a physical occurrence to account for it.

After forty-eight hours I was conscious that something was passing through the exteriorized loop of colon. The sensation was similar to that felt and heard, when a cat sitting on one's lap purrs. The loop, every now and then purred for for a few seconds. This was a reassuring event, for I had an unhappy fear of a dynamic ileus. Looking back over thirty-five years of surgery, ileus stands forth as a horrid bug-bear, and the sound through the stethoscope of the guts beginning to work again, has been a satisfying joy. Once again bowel sounds were a good omen and as well, the signal to remove the suction tube.

It was surprising to me, how soon the realization came that one was getting better. By operating so soon after the perforation had taken place and as well as the early administration of antibiotics and possibly the taking of the Thalazole in the afternoon before the perforation, a severe infection of the peritoneal cavity did not happen.

On the third morning after the operation, the colostomy opening was made with a diathermy cutter, and there was very soon afterwards a fairly considerable liquid motion, which thereafter acted frequently and for the first week, at irregular intervals. Soon the skin round about the colostomy was painfully excoriated and extremely painful to touch, especially the stitches. The stitch alongside the orifice on the right side was particularly tender. Its removal on the eighth day, was a wonderful relief. As long as I lay quite still, the stitches gave no trouble, nor did slow movement but the cleansing of the colostomy and skin round about which was often required, was excrutiatingly sore, for a short time. A blessing was, that as soon as I had got into a comfortable position, good sleep was possible. Perhaps three or four times during the night a movement was necessary; this slowly done, was tolerable, and sleep soon came again.

Despite Celevac (Methyl Cellulose) granules and Tr: Morphinæ Co, the colostomy was working at about three hourly intervals, day and night. On occasions, while I was asleep, the action was so bulky that there was an overflow beyond the dressings and the bed was badly fouled. I was still helpless, and the nursing staff had the most unpleasant task of cleaning up. This overflow happened occasionally as long as I had the colostomy. Eating only one ripe plum, about three months after the operation, resulted in an immense flood at three a.m. one night while I was a guest in a friend's house. I remember that delightful and sensitive man Sir Harry Wade telling of the miserable distress and humiliation which could be caused, by the first action of a colostomy. I was prepared for this, so the first post operative colostomy motion was not distressing, but the

wretched distress of waking up at 3 a.m. in a friend's house to find oneself wallowing in ordure was, I think, the worst experience I had. This nearly shattered my morale. I could not laugh it off. It happened on a warm summer's night; what it would have been like on a winter's night is easy to imagine. It took, with the kind aid of my wife, half an hour to be cleaned. Part of the distress, was the feeling that she must be revolted by such a disgusting task. My wife's forebearance and good humour, were most consoling. Here surely was the kind and ministering angel.

Throughout the time when I was unable to attend to my own dressings, the gentleness and understanding shown by all the women who had to cope with the unpleasant task, filled me with gratitude and admiration. It greatly mitigated the indignity and chagrin and sense of helplessness.

No one of them seemed to be at all disgusted or repelled, or if they were, they entirely concealed their feeling. I find it difficult to believe that many men would behave in such a way. The full value of the sympathetic cheerfulness and careful attention which a good nursing sister can give, was strongly brought home to me, so that I realized, what I had previously only known theoretically.

The best kind of dressing was not immediately apparent. It is necessary for the dressing in contact with the colostomy, to be as unirritating as possible and ordinary gauze, placed directly against it, causes the extremely delicate mucous membrane to bleed and soon to look like a granulating surface; although I could not associate this with any increased frequency of action, it seems wrong to destroy the mucous surface. Vaseline on the gauze is satisfactory in reducing trauma but it tends to be waterproof and non-absorbent. It also causes to form channels and directs excreta out from under the cotton wool barrier placed over it. Cotton wool in close contact, especially with caseline covering it, becomes simply a non-absorbent plug.

A specially made-to-measure belt, with a plastic saucer to cover the colostomy, I found tiresome and inadequate. However carefully one put the belt on, it slipped now and then an edge of the saucer might be found lying across and injuring the colostomy. Not infrequently, the size of the saucer was too small to contain the consignment from the bowel. Furthermore a tightly fitting corset is not a comfortable garment, especially in hot weather. I did not try a rubber bag attachment as everyone seemed to be against this; though I have seen it used with success. The cellophane bag, with an adhesive attachment through which a hole is cut to fit snugly over the colostomy, every now and then fails completely and in my case soon caused the previously well healed skin to become excoriated once more. Another small objection, for me at any rate, was that I disliked the look of the thing, particularly its transparency. However, if it had been successful, I could have put up with its disagreeable appearance. It is difficult to apply by oneself alone as the bending forward to see what one is doing wrinkles the skin of the abdomen and causes a bad junction. There is no doubt that skin is not designed to have something sticking to it as anyone who has used skin traction for fractures soon gets to know.

Zinc and Castor oil had little if any effect on the excoriation. Painting it with Friar's Balsam was extremely painful. I persisted with this to find out if it would do any good, and it seemed valueless. I think most patients would find its application painful, even if it had healing qualities. Aluminium paint was ineffective. We eventually got the excoriation to heal by applying Propamidine ointment (M&B) and leaving the colostomy exposed to the air as much as possible. With this treatment it healed up in about ten days. The excoriation lasted about three weeks during which time I was in hospital. Fourteen days after the operation I was able to go out into the big garden of my house which was next door to the hospital and, lying in a secluded spot in the beautiful weather of the Northern Rhodesian winter, leave the colostomy uncovered most of the day. Any fæcal matter extruded could be removed immediately thus keeping the skin dry. At night a dressing was needed; also if I moved about during the day, and I found the most satisfactory arrangement was one sheet of softest toilet paper (Andrex brand or similar) covered with vaseline, placed against the colostomy; this first sheet was covered with four or five sheets, and over that four or five pieces of cellulose tissue, cut into pads of about six inches square, and slightly fluffed out. Over that two big squares of cotton wool, covering the whole of the upper abdomen,

and all held in place by a "many tail" bandage, fairly tight below the colostomy and looser over the orifice, as I have the impression that the pressure on the orifice stimulated it to act.

The space between the upper part of the "many tail" bandage and the skin, was packed with strips of cellulose gauze. Cellulose tissue is the most absorbent of all the dressing materials which I tried, and the cheapest. Cotton wool is expensive. I think the top layer, might well be of cellulose tissue, but this lacks the resilience of cotton wool and owing to its absorbent qualities, might allow fluid to seep right through. Used as I described it acts as a sponge and the cotton wool acts as a barrier. I had not appreciated before how unabsorbent cotton wool is, though I had noticed what unsuitable material it is for mopping during an operation, but that does not give the full extent of its non-absorbent nature.

Sir Arthur Hurst described the following motions of the colon :

1. Periodic changes in position of the contracted and relaxed parts of the gut, without any forward propulsion of the contents.
2. Occasional peristalsis which moves the contents one stage on.
3. Waves of peristalsis from the cæcum, to the anus, when it relaxes to allow the bowels to be opened.

Resting as one did most of the day with the colostomy uncovered, it was easy to recognize these habits. During the 24 hours of a day the first action was at about 3 a.m. and was a very large one which required the attention of the nursing staff. At first it frequently overflowed the boundaries of the dressing. As one was often asleep when this occurred it could be a most distressing event. A great increase in the packing of the night dressing almost completely overcame this tribulation. Nevertheless it is remarkable how one tends to wriggle out of a dressing when asleep.

This activity of the colon I took to be the night shift in preparation for the normal morning evacuation of the previous day's waste after digestion. It would be interesting to know if a left iliac colostomy emptied at the same time; I should expect not, but I have not had the chance to enquire. This movement probably came into the Type 2 of Hurst's classification—the occasional "move on" peristalsis, which might have stopped short of the sigmoid colon.

After a meal the gastro-colic reflex was very obvious and sometimes irksome as it might take place while one was still eating, and this action is usually the one designed to empty the bowel completely and the succeeding waves of peristalsis, could easily be distinguished. This at times was annoying as the time between the waves got longer and longer, so that when it seemed to have ended and clean dressings were applied, there would be a further expulsion, which necessitated a complete re-dressing.

Type 1 action in Hurst's classification was frequently seen and this manifested itself by the expulsion of a small fæeal bolus about the size of a colonic haustration and nothing more; this might occur at hourly intervals or longer.

Medicines helped to restrain the more excessive and irregular activities of the bowel and the best of these was Tr; Morphinæ Co. with an Amytal tablet. Soneryl was effective but did not seem to be as good as Amytal. A double dose of the Tincture was necessary to get a good effect. Tab. Codein had some controlling action but was less powerful than the Tincture.

As well as the tincture and Amytal at night, I took Celevac (Methyl Cellulose) three times a day. It is not easy to adjust the dose of these granules of blotting paper, as there are two factors, the amount taken and the amount of water taken with it. If it swells too much it acts as a bulky laxative and if too little is taken it is wasted. So it is a matter of trial and error. It has a value for it is a useful deodorant (though not entirely effective), and it renders the fæces less watery even if bulky. It should be taken with very little water and no fluids should be taken for an hour or so before or after taking it. It is remarkable how inconvenient this seemingly simple rule may be to observe and it often became a silly irksome nuisance.

For one who has a colostomy and a lively bowel such as mine, diet is most important. To take fruit was to chance a day long uncontrollable belly turbulance and eruption from the colostomy. Leafy vegetables caused much flatulence, also uncontrollable. And one found that almost without thought the proteins and fats were replacing the carbohydrates and vegetables in one's choice of food.

Two months after the operation the pattern of behaviour was more or less clear. At 10 p.m. a glass of hot Ovaltine or Horlicks gave the after dinner bowel movements a final stimulus, and this being cleaned up the colostomy was dressed as I described previously and a drachm of Tr. Morphinæ Co. and an Amytal tablet taken. This usually postponed the time of the next bowel action to about 7 a.m. the next morning. A cup of hot tea was the stimulus, but often it occurred before taking the tea. For this a minor clean up sufficed until breakfast at 8 a.m. This was as a rule soon followed by a major bowel action. A full scale clean up and application of new dressing after a bath was followed by very little action until after lunch at 1 p.m. During this time an occasional bolus was extruded. If circumstances were suitable, it was easy to remove this cleanly without a complete change of dressing, but only the local re-application of the vaselined contact dressing, or if the colostomy was uncovered, the simple removal of the bolus.

There was always a warning that an action was imminent, such as borborygmi or mild colic and, rather surprisingly, the actual extrusion of a formed bolus could be sensed.

There was another gastro-colic reflex motion after lunch, which required a full scale dressing; then, as in the morning, a series of lesser actions. The frequency of these was very variable and I could find no apparent cause for these variations. It was now possible to go out to lunch or dinner with friends; to go to the cinema and on one occasion to go for a hundred mile trip in a motor car, but everywhere one went, a container for dressings and a small suitcase had to go too. All actions of the bowel were accompanied by a malodour of greater or lesser intensity, which could be quelled by the "Shell" spray. The effect of emotions was most noticeable. Anger of the mildest, caused the bowel to work and likewise slight anxiety. For example coming from a quiet road with no traffic in to a town with moderate traffic, even though I was not driving, was enough to cause an action.

One was extremely sensitive to the malodours caused by the colostomy (I was told unnecessarily so). Added to the awareness of the odours, one became over sensitive to the hundreds of bad smells that one encounters every day; even those, which are not ordinarily thought to be bad, acquired an unpleasant character, for it seemed that memory of past unpleasant smells attached themselves to the innocuous ones to cause distaste. Thus frying onions, a savoury stew or a cheese, might give this effect. While motoring through the English summer countryside the many farm yards smells were a recurring reminder of one's affliction, as it was seldom possible to say whether the smell came from a pig stye, a midden or the colostomy. Even the sweet scent of new mown hay, might at the first whiff have this distorted value.

It is not difficult to imagine how I got to dislike the strong perfume of the "Shell" deodorant, to which at first one had frequent recourse. It became a monotonous background of cheap scent.

Not having control of the expulsion of flatus often placed one in humiliating situations, such as the time when, sitting after dinner with some newly met friends and drinking coffee, there was a prolonged and noisy emission of gas accompanied by a foul smell. A situation not without its coarse humour for a Rabelasian school boy, but intensely embarrassing and humiliating for a would be grave and dignified senior gentleman. The Greeks said, that these obscene reminders of mortality were to prevent us falling into the heinous sin of hubris, and it is possible "to laugh it off" later, and so become human and not an affront to the gods. It may be so ! No one of the company showed the least sign that it had happened, but not so later on, when playing with some children in the nursery, the same thing happened and a little boy aged about nine stole out of the door murmuring "Pooh, he stinks". For some unexplained reason, it was not possible to laugh this one off and I found myself avoiding children.

The healthy man is happily unaware of the working of his body and so he sets about his daily doings with the body acting as the means for carrying out his endeavours. In other words the body adjusts itself within its limits to his activities and his time table. It protests, if needs be, against the time table but he can control it more than somewhat, to suit his convenience.

It is soon apparent that with a colostomy this marvellous facility is curtailed and he must make many adjustments to an automatic and idiosyncratic mechanism which is constantly giving reminders of its existence. One is seldom unaware of it for very long, and soon gets a sense of its mastery and of taking second place to a digestive process. Colostomy first; me next ! and this all day long and

sometimes at night. Not to become hysterically neurotic in such circumstances requires much resolution. Fortunately I was sustained by the thought that sooner or later my colostomy would be closed.

Resigning oneself to a permanent colostomy must need high courage as well as a new design for living, mostly sedentary. There are many worse disasters which are met with a bravery that wrings the heart when one sees it; for example blindness, paralysis, deafness, loss of limbs. There is, however, with none of these, the distress which is caused by the sense of its being a dirty disability. Perhaps urinary incontinence is the only one which in this way is worse.

So far, perhaps, I have given a picture of some one indulging in self pity and horror stricken by being a dirty outcast, although those people one met gave no sign of any kind of distaste.

Before having a colostomy I should have expected to succumb to self pity and repugnance but it was not so and this surprised me, for I was not conscious of an act of courage, but then I must repeat I knew it was not to be permanent. However, it does make one understand that the normal mind has some quality by which, once an acceptance has taken place, serenity in the face of calamity automatically follows, not as a positive effort of will, but as a natural process. Perhaps this is implicit in the essence of the religious precept, not my will but "Thy will be done". The essence of the precept is not the stoical admonition "Grind your teeth and bear it" but the every day wisdom in the saying "It is useless to kick against the pricks". This realization confirmed one of my strongest reasons for telling patients they have cancer if they ask the direct question. The calmness which follows an honest answer is often remarkable.

The surgeon who operated on me, held views like mine and when I asked him the direct question after the operation, I had no doubt of the veracity of his reply and there was no distress of indecision. If there had been a cancer I feel the serenity of acceptance, for me at any rate, would have come about.

To return to my theme, the notion that we all have, well below the level of reasonable awareness, an immense store of crude mental driving force is, I suppose, now accepted by everyone. Man, therefore, is seldom an entirely reasonable animal and although he may sincerely present a reasonable argument to explain his behaviour or mood, often he is deluding himself as well as others who are convinced by his presentation. To find suddenly that the work to which one had, with real enjoyment, devoted one's life, had now abruptly ended and that all the skills large and small, such as they were must be allowed to fade out, to face a restricted life, to remove oneself from all the friends one had valued during many years, is a formidable prospect. In view of this, it would surely have seemed inevitable that gloom if not something akin to despair would flood the mind. Yet when the first discomforts after the operation lessened, there came a calm of mind the like of which I seldom had experienced. I can only make guesses as to why this was so. Perhaps it was because I felt I was getting well; there was to be no spreading and recalcitrant peritonitis, a frequent sequence, sleep was long and refreshing and the appetite had returned. This state of mind could surely not have been reasonably expected, and I can give no explanation of it.

Convalescence is a well sounding word that comes easily off the tongue, and is suited to the condition it connotes. Here it was coming as a blessing. How often had one seen the beginning of convalescence in some patient gravely ill after surgery. One morning there is a marked change; without seeing the charts or consulting the nursing staff one catches the feeling from the patient and spontaneously bursts out joyfully with the words, "You *do* look better". It is one of the rewards a doctor is vouchsafed, and now I experienced the change myself—which made me wonder if the calm and joy of convalescence is the outcome of a natural inherent quality of mind and body, a natural aid to healing. It may be biochemical, for the administration of the cortisone group of hormones, often causes a sense of well being, so does testosterone and in certain instances small doses of thyroid extract.

Mine was a beautiful ward with a small verandah looking out on parklands stretching away down the side of the small hill on which the hospital was built. Jacaranda trees, golden with the colours of autumn stood in front, and to the side a great tulip tree in flower with big goblet shaped vermilion blooms. The early winter weather of Africa was beyond compare. I woke each morning with a sense of well being and contentment that I had never known before, and rejoiced in the sight of the dawn sun lighting up the tree tops.

As I sat with the quiet sense of contentment which comes to those who are convalescing, just sitting not reading and not moving, a Heughlin's robin might range down the line of Mango trees. It is seldom that one sees this shy and beautiful bird. A little later a noisy flock of clumsy babblers might flop by or perhaps a tribe of helmet shrikes, with their peculiarly easy and graceful flight, would pass. Then a dozen or so brisk moving little blue breasted wax bills would dart into the grass and look for seeds.

I was no longer sick, though for the time being crippled, and never before in my life had I been able to sit and enjoy freedom from responsibility, either present or to come; I understand something more of the phrase ("The peace of God that passeth all understanding",) or is it Love of God ? Anyway Peace was the word that came into my mind.

The euphoria may have been simply the natural feeling of getting well. if any mental states can be simple. Most likely all the factors and a few more unrecognized were the cause and one can, without estimating it, only state it as a fact. This is useful as one may tell patients that in a few days after an operation they may well have this blessing.

When it was decided that all inflammation had subsided in the region of the perforation, a barium enema and meal were given and showed twenty or thirty diverticula of assorted sizes from the hepatic flexure to the sigmoid colon, but no sign of obstruction, this together with not finding a palpable lump make it probable that there was no extra-intestinal fibrosis and was in favour of closing the colostomy in due course. The books recommend a year but do not make it clear if it can be done earlier in circumstances such as mine. Reason would argue that this might safely be done, if it were to be done at all.

Four months after the perforation Mr. Grant Massie operated to close the colostomy. This time in contrast to the first time, the pain was most severe after the operation for two reasons; the "starting up" of the bowel below the opening was accompanied by gripes that made me writhe and by ill chance a small abscess accumulated under the skin. This was opened on the fourth day. From this came one of the most revolting nose wrenching smells I have ever smelt. It was three or four days afterwards before I could eat food with any enjoyment because of it.

It took much longer to reach the sense of convalescence after the second operation, nor did it come suddenly, nevertheless it did come and over the months since discharge from Guy's, I have almost recovered. Already I have to search my mind to recollect the details of the discomfort I experienced, for the veils that the normal mind draws across the memories of pain and grief are quickly drawn while memories of joy and happiness seem more easily recalled. This is certainly true of my time in *Job* ward, of which I can say truly, "I enjoyed my stay."

It seems to me that those who complain with pessimistic regrets that the young people of today are short of the qualities we had at their age, are in truth comparing them with what they themselves would liked to have been in the golden days gone by.

Next to me in the ward was one of the oldest of Guy's men, Dr. Brydone. His praise for the staff and their kindness and efficiency was high, "Much better than in my days, much better", was his comment. A delightful little Cockney said "Cor, they allus seem ter do wat yer want done before yer asks", and this epitomises what was undoubtedly the feeling of all the patients in the ward. Can there be higher praise ?

Coming back to Guy's and being able to see again the inner workings, was somewhat like a home coming to a kindly family. I agree with Dr. Brydone, it is better than it used to be, much better and I am sure that is not unwarranted sentimentalism. The stiffness has gone, but with the new friendliness there seems to be no slackening of discipline.

In small matters, the beds are much more comfortable, smoking is allowed, many services such as trolley shops and libraries are provided and not least important, the food was excellent.

Above all I found that the spirit which through the years I have held in mind as being pre-eminently that of Guy's and which I felt implicit in those two lovely Greek words *Charis* and *Sophrosyne*, was still present in fullest measure.

BUSH PAEDIATRICS

By T. R. CULLINAN

In a previous article I gave a brief indication of where Arua is and what the conditions are like in the country surrounding it and in the town itself. One of our greatest problems—as, indeed, one we are least likely ever to solve—is in the field of child welfare. We are exceedingly lucky to have a Paediatric Department in Mulago Hospital and Makenere College in Kampala which is alive to all the peculiar problems of the country and full of ideas in solving them; but we are 450 miles away and even in this relatively short distance it is surprising how different the problems can be.

Diseases of childhood, as indeed of every other sphere, which were merely horrifying names in a textbook and never showed their sometimes rather appaling faces within the confines of *Caleb* and *Diplock* are stern realities here. In exchange we are saved some of the hazards of a more civilized country, though this is perhaps less obvious where childhood illnesses are concerned; perhaps it is mere lack of understanding that makes mental disorders in children a rarity out here and lack of facilities for investigation that cloaks some of the more obscure metabolic disorders under a mantle of "malaise".

But our problems are vast and three in number: Ignorance, anaemia and malaria—and of these three the greatest of all is ignorance. I never believed one could see in the course of one morning's work so many underfed and clinically starving children; children who could make a poster for "Save The Children Fund" look like a Botticelli cherub. And the root cause for it all is only ignorance and, maybe to some extent, parasites. This part of Uganda abounds in good land, mostly untilled; there is dried fish from the Nile, goats in plenty and cows of a sort; groundnuts are common and vegetables will grow if you merely drop the seed. But the tribes stick to their traditional ways and diets with a tenacity which is extraordinary, until you realize they are the ways which merely require least work to ensure a subsistence diet. And so the children are breast fed until they are 3 years old, long after there is anything like an adequate supply; goats milk is taboo, cheese is unheard of and eggs are only very rarely eaten for the purposes of witchcraft. Lemons, grape fruit and oranges, all of which grow in plenty, are considered inedible, and bananas provide a poor substitute.

On ignorance follows malnourishment, and on malnourishment all the thousand and one ills which have found their way with the realm of bad dreams at home: Cancrum oris eating most of the maxilla and palate away; deep penetrating pyoderma and ulcerated buttocks with gangrenous scrotums; septic useless eyes and chronic suppurating osteomyelitis. And, over all, the constant spectre of gastroenteritis attacking a child who could hardly withstand a cold, let alone a severe bowel infection. Frank Kwashiorkor is more rare; but it makes little difference what you call it when the results are the same.

Anaemia is the second major problem; the anaemia of ankylostomiasis and schistosomiasis which attack early in life, and late, and stay to do a long slow damage. Children puffed up and lethargic with a haemoglobin of no more than 10% are no rarity—there are always one or two in the ward. We have started a blood donor scheme and, having no facilities for storing it, every pint that is given is absolutely fresh. Usually we manage to get a pint when we want it, though some of the local antagonism has been as bizaare as it is annoying; perhaps the most unanswerable objection is that if a man gives a pint to a patient and the patient subsequently dies then part of the donor has also died and been buried in the ground! So anaemia, though a great problem, is one that is not too difficult to solve; and that goes for malaria, too, when it has not struck on top of another delibitating disease.

On the credit side there are rewards in plenty. There is, for instance, almost nothing in the whole realm of medicine more rewarding than to see a really debilitated child grow brighter and fatter daily. And, though our difficulties are great, they mostly respond very well to relatively simple and sensible proceedures, There are failures in plenty, of course, and we have our fair share of tumours, leukaemia, hydrocephalus, polio and the rest to keep us humbled; but a fit African baby is a most encouraging creature and can quickly change a mood of depression into something resembling euphoria.

CORRESPONDENCE

Letters to the Editor of the Gazette

Guy's Annual Sports Day

SIR,—The Guy's Annual Sports Day is being held this year on Saturday, 28th May, at Honor Oak Park, starting at 2.30 p.m. In addition to the usual athletic events there will be an inter-hospital relay, a display, side-shows and various competitions for which numerous attractive prizes will be offered.

In the evening, the Athletic Club is holding a Dance in the Students' Club.

Last year over 700 people were there and, since part of the proceeds are being devoted to World Refugee Year, we hope that even more will bring friends, families and relations and help to make the day a success.

Yours etc.,

A. J. PARRATT, *Captain, Athletic Club.*

C. B. BOOTHBY, *Hon. Sec. Athletic Club.*

A *Good Historian*

SIR,—How's this for an accurate history? A colleague of mine at the local African hospital was met by an unfortunate African who was streaming with blood and who was wearing a newspaper "hat". This he removed to show a huge deep laceration over the middle of his scalp—exposing numerous bone chips and a glimpse of the meninges below.

"Strewth!" said my colleague, "did you fall down?"

"No Doctor", said the African, "a nasty friend of mine hit me with an axe; but I didn't fall down!"

Yours etc.,

TONY ORSMOND.

Box 211, Gwelo,
S. Rhodesia.

Medical Practice in the States

SIR,—I have been following your correspondence on medical practice in the States with interest, and wonder if I might add my own views and experiences. I came out to San Francisco one year ago with the intention of staying for one year. That year, however, has been sufficient to persuade me to stay for good. I can't quote my experiences as typical because in this country, where free enterprise is still a valuable commodity, hospitals vary from place to place and so do salaries, teaching facilities and the like.

The hospital is a 250 bed general hospital which is not attached to any University although most of the staff belong to one of the two University teaching hospitals in San Francisco. In comparison with a similar English hospital I would say that the teaching programme is far and away superior with regular clinical lectures, study groups, clinical-Path. conferences, X-ray rounds, etc. The general equipment, too, is excellent and all of modern design; operating rooms which were completed 2 years ago, a communicable disease department finished in the last three months and at present work is starting on a new out-patient department.

Lest I should sound like a brochure, I might point out that there are certain disadvantages. Since the majority of the patients are private, there is less responsibility given to the House Staff in the management of their treatment and it is easy to sit back and let other people do the thinking. Nevertheless the hospital maintains an active "Clinic Service" which provides (practically) free medical care for the financially needy in the district. This is run by the House Staff and supervised by various consultants.

As far as salaries are concerned, the ones paid here are about average, in University hospitals they would be lower and it is a good rule that the salary varies inversely with the merit of the hospital. Internes (or H.Ps.) get $200 monthly if single and their board and keep free. The Resident (or Registrars) start at $300 a month and work up to $450 in their final and fourth year. Of course, the system is somewhat different because there is no "ladder to climb". Specialist training involves one year as an intern and a further four as a resident at the end of which time they may take their Specialty examination and if successful they are "in business". This does not mean that they at once move into the $50,000 a year bracket because being in practice is quite different to actually having a practice, but, in general, no doctor starves. I think the average income throughout the nation a few years ago was about $18,000 yearly among all doctors.

Medicine apart, the life out here is more than merely pleasant. If you can tolerate the somewhat frantic rush and bustle, if you can tolerate the chrome and neon lights, the hamburgers and "all-nite-movies"; then behind them lies a land of warm and friendly people, a climate where it does not rain between March and September, a State where during summer week-ends you roast on the Pacific beaches and during the winter week-ends you ski in the Sierras.

I ought to colour the other side of the coin, too, because anyone who comes out here must be prepared for many annoyances and frustrations and above all must be adaptable to a different way of life—although we still manage to play cricket on Sundays !

In closing I might add that any Guy's man who finds his way out here will find a warm welcome, as there are many Guy's people already here. I shall be vacationing in England in August and if anyone would like to know more details I would be delighted to meet them.

Yours etc.,

MICHAEL H. BROOKE.

Children's Hospital,
3700 California Street,
San Francisco, U.S.A.

SIR,—When I first read Miss Wiernik's letter, I felt very irritated, but after consideration decided to ignore it. However, since Sir John Conybeare has dignified her letter by asking further questions, I feel urged to refute some of her exaggerated statements. In fact the only thing on which I can agree with Miss Wiernik are her remarks about Guy's nurses.

It is unfair of Miss Wiernik to compare an obscure American hospital with a great teaching hospital like Guy's and I assume that she has had very little experience in non-teaching hospitals and it is interesting to note that even a senior registrar of many years could not afford a World Tour which she seems to be planning. North American hospitals are not strictly comparable with British hospitals in that the whole medical profession on this continent is encouraged to take part in hospital activity, and the specialist units at the hospitals are certainly as good as any in Britain. Although the General Practitioners who have access to the hospitals here may not perform specialist tasks with the greater ability of the Consulting members of British hospitals, it should be pointed out that the effect upon general practice in North America is very great in that each Doctor is encouraged to keep up to date and to take an interest in his own individual patient. It is my experience that abuses are few and far between but do not exceed the abuses which accrue from the delegation of important work to so called "trainees" in Britain. Certainly in Canada, the "major privileges" in any particular department of hospital activity are very jealously guarded by "Credentials Committees". What are known as "general practice privileges" are easily available to properly qualified medical men. The "major privileges" in specialities are not obtainable in Canada without producing evidence of higher qualifications granted only by the Royal College of Physicians and Surgeons, anybody who does not believe that these qualifications require properly planned post-graduate training courses and several years of hospital training should take the trouble to look them up and if he still does not believe them should make an effort to pass them he would probably have a rude shock. I feel that I can say catagorically that there is no person in Canada at present to whom necessary medical care is not readily available regardless of financial status.

About one-third of my practice is without remuneration and I do not find it either administratively convenient or desirable to treat these patients in any manner differently from my private patients and I am sure that these remarks apply equally to all my colleagues. In reply to Sir John's enquiries, I think that the situation in regard to house-officer's remuneration is very much as was in operation in his own days as a house-officer. The better the job, the poorer the pay but in any case residential emoluments are provided free. Food is usually provided in a restaurant such as at Guy's, where any amount or type of food can be ordered by the houseman, in marked contradistinction to the somewhat poor food often provided in British non-teaching hospitals and for which unfair amounts are deducted from the salaries after taxation. My remuneration in one non-teaching hospital in Canada as a Senior House Officer amounted to $150.00 a month plus free board and lodging and I must say that this would buy about as much as thirty pounds a month take-home pay in Britain. There is no taxation at this level of income. The "ladder" about which Sir John enquires, is exactly the same "ladder" up which he himself climbed, that is to say that only those who can face up to fierce competition by ability and persistance can reach the top. There are cases where influence and nepotism may help just as at Regional Board level in Britain, but these are exceptions. One important thing worth remembering, is that one only stays successful so long as one can deliver the kind of service that the public and the practitioners expect. Hard work, however, and good results are extremely well rewarded, but it is very easy to slip from favour if good results are not maintained. This is unlike the situation prevailing in Britain today.

I hope you will excuse my appending some of the qualifications which I have found it necessary to obtain in order not only to reach but to maintain my own position as Chief of the Department of Urology in two hospitals and a Consulting Urologist in some smaller hospitals.

Yours etc.,

DONALD PAINE,
F.R.C.S.(Eng.), F.R.C.S.(C.), F.A.C.S., etc.

539, Cassells Street,
North Bay, Ontario.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S-MAUDSLEY

NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st July, 1960. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by 27th May, to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

PAEDIATRIC POSTGRADUATE WEEK-END COURSE— EVELINA CHILDREN'S HOSPITAL

(9.30 a.m. Saturday, to noon Sunday, on 21st and 22nd May, 1960)

Some vacancies remain for the Paediatric Week-End Course which, for the 5th year running, is being held at the Evelina Children's Hospital under the auspices of the British Postgraduate Medical Federation of the University of London. The Course has been organized by the Children's Departments of the Evelina and Guy's Hospitals, and General Practitioners who qualified at Guy's will be specially welcome. Applications should be made at once to the Hospital Secretary, Evelina Children's Hospital, Southwark Bridge Road, S.E.1.

GUY'S HOSPITAL AND MEDICAL SCHOOL

JUNIOR STAFF APPOINTMENTS 1960-61

Applications are invited for the following appointments to the Junior Staff of Guy's Hospital commencing on 1st October, 1960, for the session 1960-61. Forms of application are obtainable from the Superintendent and should be lodged with him not later than **21st May, 1960 :—**

Anaesthetics
- Senior Registrars 2
- Registrars (including one at New Cross) .. 3

Child Health
- Senior Registrars 1
- Registrar (with duties at the Evelina Hospital) 1

Clinical Pathology
- Senior Registrar (Exchange Scheme)* .. 1
- Registrars (includes duties at the Evelina Hospital) 4

Dermatology
- Registrar (whole-time) 1
- Registrar (part-time) 1

Diagnostic Radiology
- Senior Registrar 1
- Registrars 2
- Trainee Registrar 1

Ear, Nose and Throat Surgery
- Senior Registrar (Exchange Scheme)* .. 1
- Registrar 1

Endocrinology and Radioisotopes
- Registrar 1

Genito-Urinary Surgery
- Registrar 1

Medicine
- Senior Registrar (Exchange Scheme)* .. 1
- Registrars 2
- Junior Registrars 3

Neurology
- Senior Registrar 1
- Registrar 1

Obstetrics
- Senior Registrar (Exchange Scheme)* .. 1
- Registrar 1

Ophthalmology
- Registrars (part-time) 3

Orthopaedics
- Senior Registrar (Exchange Scheme)* .. 1
- Registrar 1

Physical Medicine
- Senior Registrar (Exchange Scheme)* .. 1
- Registrar 1

Psychological Medicine
- Senior Registrar (Exchange Scheme)* .. 1
- Senior Registrar (Child Guidance) .. 1
- Registrars 3

Radiotherapy
- Registrars 2

Surgery
- Senior Registrars (one under the Exchange Scheme)* 2
- Registrars 2

Thoracic Surgery
- Senior Registrar 1
- Registrar 1

Exchange Scheme:

Medicine
1st, 2nd and 4th years at Guy's, 3rd year in the Bromley Group.

Surgery
1st and 4th years at Guy's, 2nd and 3rd years in the Bermondsey and Southwark Group.

Ear, Nose and Throat Surgery
1st, 2nd and 4th years at Guy's, 3rd year in the Bromley Group.

Clinical Pathology
1st and 4th at Guy's, 2nd and 3rd years in the Lewisham Group.

Obstetrics and Gynaecology
1st and 4th years at Guy's, 2nd and 3rd in the Bromley Group.

Orthopaedic and Traumatic Surgery
1st and 4th years at Guy's, 2nd and 3rd in the Medway and Gravesend Group.

Physical Medicine
1st and 4th years at Guy's, 2nd and 3rd in the Bromley, Orpington and Sevenoaks Group.

Psychological Medicine
1st and 4th years at Guy's, 2nd and 3rd in the Bexley Group.

Applications are invited for the following appointments to the Junior Staff of the Medical School for the session 1960-61 commencing 1st October, 1960. Forms of application are obtainable from and should be lodged with the Dean not later than **21st May, 1960 :—**

Anatomy
- Lecturer (whole-time) 1
- Junior Lecturers (whole-time) 2
- Junior Lecturers (part-time) 3

Bacteriology
- Senior Lecturer 1
- Lecturer 1

Chemical Pathology
- Senior Lecturer 1
- Anderson Demonstrator of Clinical Chemistry 1

Clinical Pathology
- Senior Lecturer 1

Experimental Medicine
- Lecturers 1

Medicine
- Senior Assistant to the Director 1

Morbid Anatomy and Histology
- Lecturers 3
- Gull Student 1

Obstetrics
- Assistant to the Director (part-time) .. 1

Paediatrics
- Assistant to the Director 1

Pharmacology
Junior Lecturers 2
Physiology
Junior Lecturers (whole-time) 2
or
Junior Lecturer (whole-time) 1
Junior Lecturers (part-time) 2
Student Health Service
Assistant to the Director (part-time) .. 1

GREVILLE STUDENTSHIP

Applications are invited for the Greville Studentship tenable at Guy's Hospital Medical School. The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, will hold the appointment until 30th September, 1962, renewable annually for a further period of three years. The Studentship is of the value of approximately £32 per annum.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **21st May, 1960.**

MIDLAND THORACIC SOCIETY

Dr. G. R. W. N. Luntz has been elected President of the Midland Thoracic Society for the 1960-61 session.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

M.R.C.P.
April, 1960

A. T. T. Forrester

CONJOINT BOARD

D.C.H.

J. R. F. Boger
Jean L. McNair
Alina T. Piesowicz
R. P. Snaith
Gillian Strube

D.M.R-D.
E. H. Williams

D.O.
J. A. Cox

PASS LIST

UNIVERSITY OF LONDON

Special Second Examination for Medical Degrees

March, 1960

Anita Baltrop
D. G. Bancroft
F. D. H. Birkett
D. J. Boulton
A. N. Bowden
N. F. Boyd
Cynthia M. Britton
J. D. Bryant
P. R. Camm
J. A. Child
J. A. Clarke
E. E. Cockayne
M. E. Conybeare
Ann Y. Coxon
Juliet C. Cridlan
A. G. Cumberland
J. N. Davies
J. L. Day
J. A. Dickinson
F. F. T. Djabanor
W. D. A. Foster
H. J. L. Griffiths
E. H. Harley
T. E. J. Healy
P. Ivanans
M. P. Jeffery
R. D. Lee
M. G. Lim
F. P. McGinn
I. A. Mackenzie
M. N. Maisey
A. Martin
R. G. May
M. B. Mitchiner
B. G. R. Neville
Ann Poskitt
M. O. Rake
W. G. Reeves
Mary Restell
A. J. Richards
B. L. Robinson
A. J. Robson
J. K. Scott
K. K. Shah
M. J. Sharman
M. V. Smith
J. H. Steadman
S. Talbot
K. J. W. Taylor
P. A. Ustianowski
R. J. Walden
S. F. Weng
D. R. Wilson

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination

April, 1960

Pathology

M. K. V. Adalja
P. J. Brewer
A. J. Bron
M. E. Cavendish
T. J. H. Clark
K. J. Connolly
Jennifer Craig
P. G. J. Dobson
Ann D. Fairclough
R. A. Forster
N. J. Gross
P. W. R. Harris
Judith M. Hawker
A. P. Hopkins
D. L. Morgan
F. G. M. Musleh
J. F. O. A. I. Mustaffah
C. S. Ogg
P. M. O'Driscoll

Surgery

*B. Batten
*H. M. Clink
*I. T. Field
*Susan R. Greenwood
*R. D. Hill
*D. A. H. Langman
*I. F. Macrae

Medicine

R. J. Cockerill
P. G. J. Dobson
*J. D. Eustace
N. J. Gross
I. W. F. Hanham
P. W. R. Harris
I. C. McLellan
C. N. Mallinson
D. L. Morgan
P. J. F. Nicholson-Lailey
Jennifer P. Peebles
S. O. B. Roberts
M. T. Scott-Kerr
T. Sherwood
R. H. C. Vaux

Midwifery

A. J. Bron
T. J. H. Clark
R. J. Cockerill
K. J. Connolly
R. A. F. Cox
Jennifer Craig
Patricia H. Curry
Ann D. Fairclough
P. W. R. Harris
Judith M. Hawker
A. P. Hopkins
I. C. McLellan
*I. F. Macrae
C. N. Mallinson
P. J. F. Nicholson-Lailey
C. S. Ogg
N. N. V. O'Sullivan
S. O. B. Roberts
*J. B. Sales
M. T. Scott-Kerr
R. H. C. Vaux

*Have now completed the examination.

PASS LIST

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

March, 1960

Surgery

*J. L. Lane

Midwifery

*J. L. Lane

April, 1960

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

*J. L. Lane

Medicine

*J. L. Lane

*Has now completed the examination.

NURSING NEWS

Entered :
Sister M. Scutt to *Preliminary Training School.*
Sister B. Wreford to *Surgical Night Sister.*
C/N E. Carlton to *Theatres.*
S/N L. Rea to *York Clinic.*
S/N M. R. Gillies to *New Cross* 3B.

Left :
S/N B. Forbes from *Front Surgery.*
S/N B. Minter from *X-ray Department.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

Accommodation

POSITANO (between Sorrento and Amalfi). Delightful villa overlooking sea. Room, bath, breakfast, dinner, service, equiv. 25/ incl. Write Amalia Cafiero, Positano, Prov. Salerno, Italy. Enquiries London. Tel. PRImrose 7598.

ANTIBES. French Riviera. Garden flat. Opportunity to share expenses by road in June. Also available in October. Box No. 224.

For Sale

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s*. each. Postage, Packing 2*s*. extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d*. each. Coat of Arms 5/6*d*., PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

INDEX 1959 may be obtained free of charge, from the *Gazette* Office, or Wills Library—Binding Cases 5*s*.

BINDING. Have your *Gazettes* Bound 10/6*d*. per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Baker, Charles and Hancock, W. E. Deterioration after Mitral Valvotomy. *Brit. Heart J.*, 1960, **22**, 281.

Burn, J. H. and another. The Effect of Precursors of Noradrenaline on the Response to Tyramine and Sympathetic Stimulation. *Brit. J. Pharmacol.*, 1960, **15**, 47.

Burn, J. H. and another. Sympathetic Postganglionic Cholinergic Fibres. *Brit. J. Pharmacol.*, 1960, **15**, 56.

Burn, J. H. and another. Anoxia and Ventricular Fibrillation; with a Summary of Evidence on the Cause of Fibrillation. *Brit. J. Pharmacol.*, 1960, **15**, 67.

Campbell, A. M. G. Domestic Hazards with Neurological Significance. *Med. J. South-West*, 1960, **75**, 23.

Cardew, P. N. and another. An Apparatus for Panning in cine Micrography. *Nature*, 1960, **186**, 258.

Fry, John. The Natural History of Some Common Diseases. *Med. World*, 1960, **92**, 321.

Galbraith, N. S. Symposium on Carriers of Penicillin-Resistant Staphylococci Outside Hospital. *Proc. R. Soc. Med.*, 1960, **53**, 253.

Holgate, W. and others. Strontium 90 in Human Teeth. *Brit. dent. J.*, 1960, **108**, 291.

Jonathan, Owen M. Hydatid Disease in North Wales. *Brit. med. J.*, 1960, i, 1246.

Lorber, John. Treatment of Tuberculous Meningitis. *Brit. med. J.*, 1960, i, 1309.

Robinson, A. D. A Close-up Camera Assembly for the Dental Surgery. *Med. biol. ill.*, 1960, **10**, 76.

Smith Robert C. and Wyard, S. J. Electron Spin Resonance in Hydrogen Peroxide-Water Solutions at 90°K. irradiated with Ultra-Violet Light. *Nature*, 1960, **186**, 226.

CHANGES OF ADDRESS

D. Deuchar, M.B., B.S., 43, Woodland Way, Petts Wood, Kent. (Tel. Orpington 31001).

R. C. Morgan, M.R.C.S., L.R.C.P., c/o 88, The College, Keele, N. Staffs.

M. J. O'Brien, L.D.S., 322, High Street, St. Mary Cray, Orpington, Kent. (Tel. Orpington 30690).

E. H. Osborn-Smith, M.B., B.S., 5, Parkfield Drive, Taunton, Somerset. (Tel. Taunton 84844).

M. C. Shannon, M.B., B.S., Sutton Hall, Nr. Woodbridge, Suffolk. (Tel. Shottisham 214).

J. D. Williams, M.R.C.P., 3, Bridgewater Close, Leesons Hill, Chislehurst, Kent. (Tel. Orpington 31141).

BIRTHS

COLLIS.—On 16th April, 1960, at Bridgend General Hospital, to Eirwen, wife of Anthony A. Collis, M.B., B.S., a daughter, a sister for Owen and Stephen.

GRICE.—On 19th April, 1960, at Bank Hall Maternity Hospital, Burnley, to Patricia (née Forsythe), M.B., B.S., and Alan Grice, B.D.S., a daughter (Julia Claire), sister for Diana.

McLACHLAN.—On 4th April, 1960, at Nuffield House, to June (née Rose), and William McLachlan, B.D.S., a daughter (Janet Louisa Mary).

TUDDENHAM.—On 26th March, 1960, at 174, Chase Side, Southgate, N.14, to Betty and David Tuddenham, M.B., B.S., a daughter (Ann Davina), a sister for Peter and Susan.

MARRIAGES

BARNARD—BAIN.—On 2nd April, 1960, at Gulval Parish Church, Nr. Penzance, Robert L. H. Barnard, M.B., B.S., of Emsworth, Hants, to Jean R. C. Bain, M.A., M.B., of St. Ives.

DOUST—FORBES.—On 28th April, 1960, at the Church of St. Mary-the-Virgin, Northolt, Middlesex, Phillip Doust to Barbara Mary Forbes, S.R.N.

FIRTH—KUBALE.—On 9th April, 1960, at Stoke Poges Parish Church, Peter Stanley Firth, M.B., B.S., to Jean Muriel Kubale, M.B., B.S.

POWELL—MOLLISON.—On 26th March, 1960, at Ellingham, Hampshire, Arthur John Powell, to Anne Mayhew Mollison, S.R.N., S.C.M.

WILLIAMS—HORNBY.—On 2nd April, 1960, at St. Nicholas Church, Chislehurst, Kent, John Williams, M.R.C.P., to Lesley Hornby, S.R.N.

ERRATUM

LEWIS—HILLS.—On 28th December, 1959 (not 1949), at Worcester, John Vyvyan Vaughan Lewis, M.B., B.S., to Lorna Jane Hills.

DEATHS

LEES.—On 17th March, 1960, Joseph Montagu Lees, B.M., B.Ch., of 20, Clarendon Road, Leeds, aged 55 years.

MARKS.—On 22nd April, 1960, at 78, Chatsworth Road, N.W.2, Morton G. Marks, M.R.C.S., D.L.O., the beloved husband of Betty (née Dutch), and son of Mrs. and Mr. Maurice J. Marks, L.D.S., F.R.P.S.

EDS. { D.N.L. S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1874 21*st May*, 1960 *One Shilling*

PASSIM

DURING the last three weeks we have watched with interest the demolition of hop warehouses in Great Maze Pond opposite the Front Surgery. Apart from the all-enveloping clouds of dust the work was accomplished with remarkably little fuss and bother. Attempts at auscultation in the Surgery were not without occasional surprises, but what was more surprising was the subdued manner in which the work was carried out. Gone was the usual gay and masculine exuberance of those happily knocking things down, to be replaced by what one could only call stealth on the part of the workmen concerned. For once the injunction "*Quiet Please, Hospital*", has received notice, and from an unexpected quarter, for which we are extremely grateful.

Mr. R. J. Cann, M.S., F.R.C.S., has been appointed a Governor of Guy's Hospital, from 1st April, 1960, for three years in the first instance.

We congratulate Dr. Brian McArdle on his recent election as Fellow of the Royal College of Physicians, and also the other Guy's men who have received a similar honour: Dr. C. H. Edwards, Neurologist to St. Mary's Hospital, Dr. E. B. French of Edinburgh University, and Dr. W. S. Whimster, Physician to Nottingham Hospital.

An entertaining series of Public Health expeditions has been arranged this term by Doctor Acheson. Tilmanstone colliery, a sewage works, Vauxhall Motors, and a school for the deaf are on a programme the highlight of which will be a visit to Whitbread's Brewery, Moorgate, on 15th June. For most expeditions, the party leaves Guy's *en masse*, but on 15th June visitors are meeting Dr. Acheson at Moorgate because, it is said somewhat ambiguously, of "the need for an early start."

The Inter-Hospitals' walk to Brighton starts this evening from the Tower of London. Guy's, the holders, are well represented by over 200 contestants. A full report will appear in the next issue.

Last October a letter was published giving notice of the impending retirement of Mr. George Winston as fixture secretary of the Rugby Club. The great response, which included donations from as far afield as Canada, South Africa and Hong Kong, emphasised the regard and wide affection with which he is held by all Guy's men.

Mr. Winston was presented with a gold *Omega* watch inscribed "*From Guy's R.F.C. with gratitude and best wishes. Hon. Fixture Sec.* 1936-1960". The presentation was made by the President of the Club, Mr. Atkins, in the presence of several vice-Presidents and many past and present members.

A further round, or hemicircle, of coins in the Park on Tuesday, sponsored by the Students' Union, collected another twenty-eight pounds for the World Refugee Fund.

An intriguing debate is billed for Thursday, 26th May, when Sister Chrimes is to propose "That this House prefers a Painted Lady to a Starched Nurse", a motion which Mr. Salmon is gallantly opposing.

GUY'S DIARY

MAY			Exhibition. *Goitre.*
23rd	M	1.00	Dr. McArdle. Clinical Lecture.
24th	T	1.00	Dr. Dow. Clinical Lecture.
27th	F	1.00	Dr. Mann. Clinical Lecture. *Spasm and Sphincters.*
28th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
30th	M	1.00	Dr. Helliwell. Clinical Lecture. *Anaesthesia and the Octagenarian*
31st	T	1.00	Professor Spurrell. Clinical Lecture.
JUNE			Exhibition. *The Jaw.*
2nd	Th	1.00	Dr. Hardwick. Clinical Lecture. *Purpura.*
3rd	F	1.00	Dr. Victor H. Witten, M.D., Associate Clinical Professor of Dermatology and Syphilology, New York University Post-Graduate Medical School. Clinical Lecture. *Some Common Misconceptions Concerning Naevi and Cancers of the Skin.*
3rd	F	1.00	Mr. Bridge. Dental Clinical Lecture. *Some Aspects of Maxillary Antrum in relation to Dentistry.*

NOTICE

PUPILS' PHYSICAL SOCIETY

The Laidlaw prize has been awarded to A. J. Bron for his paper on 'Current Concepts of Fat Absorption and Digestion'. The Beddard prize has been awarded to D. R. Harvey for his paper on 'Four Cases of Macrocytic Anæmia seen in Three Months as a Medical Ward Clerk'.

NOTICES

FREE CHURCH MEMBERS

There will be an informal gathering for all Free Church members of our community at Guy's, in the Nuffield Nurses' Home, on Tuesday, 31st May, at 8.45 p.m. Light refreshments will be provided, and the evening will conclude with Family Prayers.

The designation includes Baptists, Congregationalists, Methodists, Presbyterians, members of the Church of Scotland, and members of Interdenominational and Undenominational groups.

The Rev. SIDNEY FRANKLIN,
Visiting Free Church Chaplain.

GUY'S HOSPITAL BIENNIAL DINNER, 1960

The next Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on FRIDAY, 7th OCTOBER, 1960, at 7.0 p.m. for 7.30 p.m. The Chairman will be A. C. Hampson, Esq., M.C., M.D., F.R.C.P.

The Biennial Dinner affords the most popular opportunity for old Guy's men—medicals and dentals—to meet together and renew the friendships of their student days.

Please make a note of the date. Further details will be announced later.

N. L. ECKHOFF, *Hon. Sec.*

GUY'S SPORTS DAY AND FETE

ATHLETIC EVENTS — SIDE SHOWS

SATURDAY, 28th MAY

HONOR OAK PARK — 2.30 p.m.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Students' Union

SIR,—The Students' Union are holding an informal evening's entertainment at the famous Whisky a'gogo Club, in Wardour Street, in aid of the Guy's Hospital World Refugee Year Fund on Thursday, the 26th May.

The club will open at 8.30 p.m. and close at 5.00 a.m. the following morning.

There is a licensed bar, the prices of drinks are quite normal. During the course of the evening there will be a cabaret, film show, and dancing.

The tickets are 7/6 each, and are obtainable from Smiths Bookshop ; G. Klauber; J. Maddison; D. Hooker; J. Sedgewick; J. Barker; Miss Claire More O'Farrel (Physio.) and myself.

All the proceeds will go to the World Refugee Year Fund and we hope that it will be well attended. Friends of Students and Nurses and anyone connected with the Hospital are welcome.

Yours etc.,
E. J. N. CHATER,
Chairman, G. H. Students' Union.

Guy's Hospital, S.E.1.

OBITUARIES

J. M. LEES, B.M., B.Ch., D.M.R.

Dr. J. M. Lees was Consultant Radiologist to the Leeds group of Hospitals. He was born in 1905 and educated at Rugby and New College, Oxford. He did his clinical work at Guy's, where he obtained the Beaney scholarship. After qualifying he held a number of house appointments subsequently becoming demonstrator in physiology and pharmacology. After taking up radiology as a career he was appointed to the staff of the Prince of Wales's General Hospital, Tottenham, and set up in consultant practice. Later he moved to Leeds.

"Jose" was a most colourful personality. He liked fast motor cars, good furniture, good food and wine, music, books, gardening and old houses. For some time he had a flat over a chemist's shop in the Borough High Street where he kept a Chinese servant and a Siamese cat and where he gave parties at which his home-brewed punch had been known to ignite spontaneously. In fact he had many of the characteristics which in these days would earn him the title of a goon. But in spite of his jollity and craziness he was at heart a man of sincere convictions. He took a serious view of the events of the early thirties in Germany and joined the Territorial Army and continued to serve as a regimental medical officer from then until the time of his death, spending a fortnight in camp each year. During the war he served in the Army as a radiological specialist mainly overseas.

He had a charming house at Askham Bryan some little distance from Leeds, furnished with great taste and a large garden in which he and his wife spent much time. He was an excellent host and nothing was too much trouble to him if it would add to the comfort, enjoyment, education or interest of his guests.

He had been in poor health for the last year or two and must have bitterly resented the curtailment of his activities which this entailed, but he bore his illness with a philosophical cheerfulness which was characteristic and it is comforting to think that he recovered sufficiently well to go back to work and to do a little gentle gardening. His end was mercifully sudden, even though such catastrophies are always so distressing for the relatives. To his devoted wife Yvonne and his family one can only express the sympathetic consolation that had he recovered he would have been a miserable invalid.

P.M.F.B.

S. WILSON CHARLES, F.D.S.

S. Wilson Charles was a student at Guy's and obtained his L.D.S. in 1908. He was then appointed as Dental House Surgeon and later was a Demonstrator on the staff for several years. At this time Professor Braish was studying the development of the mandible, by means of madder feeding; while this work was being done in the University of Birmingham, Professor Fawcett, in the University of Bristol, was studying the growth of the superior maxilla by means of serial sections of developing jaws, which were reproduced in papier maché. This work had great interest for Charles; with a grant from the Dental Board he conducted research work at Guy's, to the results he applied his clinical knowledge, publishing his conclusions in a notable series of papers, fifteen in all, which appeared between 1922 and 1935. These papers were so highly esteemed that in 1949 he was elected to the Fellowship in Dental Surgery. Charles was a Past President of the Eastern Counties Branch of the British Dental Association and was highly thought of both by his brother practitioners and by his patients.

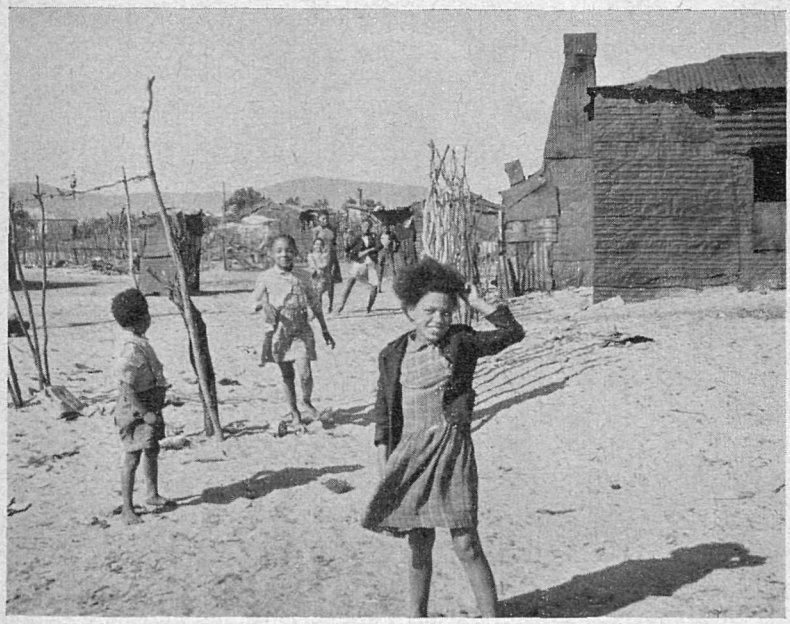
F.N.D.

Windermere—

an experiment in Student Medicine

by Nicholas Cohen

It was Burke, that impatient champion of the cause of American liberty, who exclaimed that "freedom and not servitude is the cure of anarchy." As an occupational disease of the Medical student anarchy rates high. In describing a student-run clinic in Windermere, Cape Town, it is my intention to suggest a possible cure for this disease along the lines of Burke's proposal.



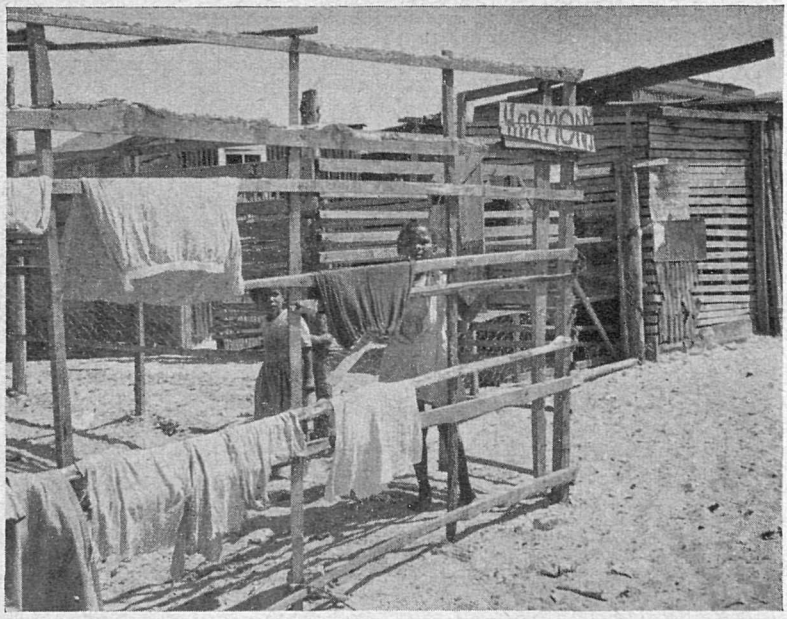
Windermere is a coloured location situated on the Cape Flats two miles from the centre of town. Living conditions are primitive. Some concrete bungalow flats exist but most families huddle in home-made huts, known as Pondoks. Constructed of rusted corrugated iron, these are held together by cardboard advertisement sheets, string and old tyres. Eight or ten people live in an area scarcely large enough to hold two beds. The sand foundations in the winter floods harbour pools of water as breeding grounds for bacteria. A depressing picture.

A glance at the statistics for Windermere and the remainder of Cape Town for the year 1951-2 paints the scene more adequately than I can describe it.

TABLE I

VITAL STATISTICS 1951-2

	Windermere (Non-European)	*Cape Town* (Non-European)	*Cape Town* (All Races)
Crude birth rate , per 1,000 pop. ..	72.0	41.1	31.26
Illegitimacy rate, per cent. births ..	37.5	25.4	19.9
Still birth rate, per cent. births ..	5.1	3.1	2.7
Infant mortality, rate per 1,000 birth	243.9	106.3	87.3
Crude death rate, per 1,000 pop. ..	45.2	25.0	12.8
T.B. death rate, per 1,000 pop. ..	8.8	3.0	1.9



Such was the squalor through which a young student drove an ambulance in December, 1942. He was apalled by the poverty, lack of hygiene and inadequate medical facilities. Eventually he decided to approach the authorities of Cape Town University with the idea of establishing a Clinic. Incredibly they agreed. It was a courageous choice. Events were to prove them right. In the words of Shelley :

"Let there be light ! said Liberty,
And like sunrise from the sea,
Athens arose ! "

The first session was held one Friday night in the winter of 1943 in a room lent by a Methodist church. Eight patients attended The following Friday 50 came, then 80 and thereafter the attendance has varied from 70 to 110. Since 1943 about 50,000 patients must have attended.

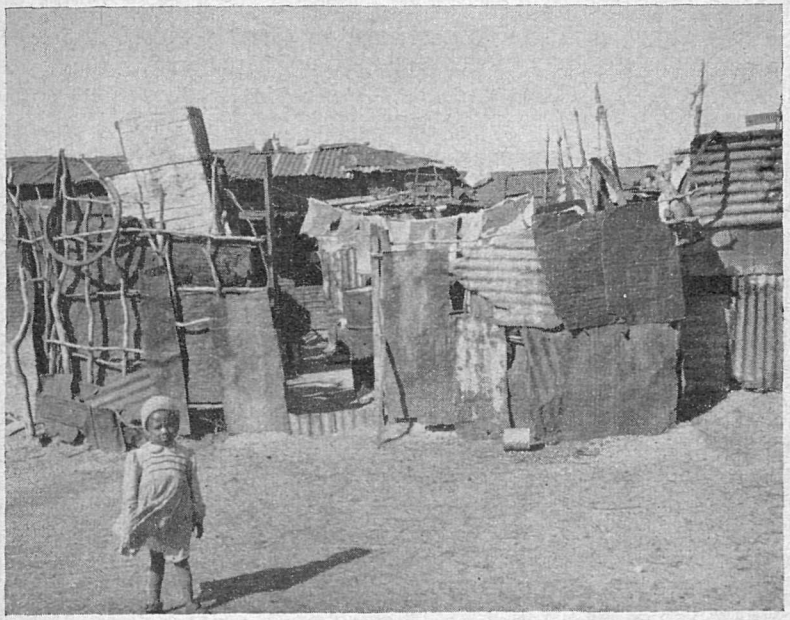


Table II, an analysis of Wasserman reactions, performed routinely on nearly every patient, gives some indication of the social status of those attending for treatment.

TABLE II

WASSERMAN REACTIONS 1952-3

Result	*Number*	*percentage*
Negative	607	87.0
Positive	54	7.7
Doubtful	31	4.4
Haemolysed	6	1.0
	698	100.1

Nowadays clinics are held every Thursday. Attendance for the students is voluntary—since anyway they run it themselves. But most reckon to come along every third week. On the night I was present about twenty appeared, together with four qualified doctors. Fourth, fifth and sixth years examined the patients and made diagnoses, called in the consultants when in doubt. Minor cases were treated immediately. More serious conditions were referred to

Groot Schuur the parent hospital. First, second and third years took blood specimens, conducted laboratory tests and aided in dispensing.

Right from his first preclinical years the student has both responsibility and contact with his patients. Medicine is a breath of life: not a dry imprint on a page. That sounds bitter but it is true.

As shown in Table III the range of cases is wide. A detailed filing system enables all to be 'followed-up' if required.

TABLE III

Analysis of Diagnoses made on 1,316 first attendance patients over the period August, 1952—July, 1953.

	Per cent.
Gynaecological Disorders	11.5
Respiratory Infections	11.25
Skin Diseases	9.5
Injuries and Burns	6.3
Disorders of Joints and Muscles	5.5
Diseases of the Eye	5.3
Alimentary Disorders	8.0
Venereal Diseases	4.5
Tuberculosis	3.5
Diseases of the Nervous System	3.5
Diseases of the Urinary Tract	2.25
Worm Infestations	2.4
Dysentery	2.4
Acute Infections of Children	1.6
Ringworm, Scabies, Lice	1.1
Tumours	0.4
Nutritional Diseases	3.15
Allergic Conditions	2.25
Diseases of the Cardiovascular System	3.8
Miscellaneous	3.75
Undiagnosed—for Investigation	3.5

Nor is only the medical side served. In the same building SHAWCO—Student Health and Welfare Organization—run a youth club, welfare service, creche, evening classes, free soup allocation for schools, fish market . . .

Where does the money come from for all these activities, since they receive no substantial grant from the University ? The majority from an annual Rag which brings in around £18,000. Also private donations. Offers of free samples and outdated products from drug firms.

Given the freedom then, they had the initiative.

I would like to express my thanks to Dr. G. Selzer (Department of Pathology, Cape Town University), who has so generously allowed me to use the material in this article.

CORRESPONDENCE

Letters to the Editor of the Gazette

G. A. R. Winston

SIR,—Would you be so kind as to grant me space in your columns to express my deep and sincere thanks to all Guy's rugby footballers, past and present, who so generously contributed towards a testimonial on my behalf.

On 3rd May, the Rugby Football Club held a dinner in my honour at the "Angel." Rotherhithe. To be the guest of honour of this famous club is indeed a great privilege and an event which will remain with me forever memorable.

During the evening I was presented with an Omega gold watch by the President, Mr. Hedley Atkins, on behalf of the club, and it is a gift that I will treasure with great affection.

Finally, I must thank Mr. Hedley Atkins for his kindly interest throughout, and Barry Blackwell, last season's captain, who I understand was responsible for the custody of the fund and for the dinner arrangements.

It was a lively and exhilarating evening.

Yours etc.,

GEORGE A. R. WINSTON.

The Wills Library,
Guy's Hospital, S.E.1.

Rugby Club Annual General Meeting

SIR,—At the last General Meeting of the Rugby Club a sub-Committee was appointed under the Chairmanship of Mr. Atkins. Its terms of reference were to study the fixture list with a view to assessing any changes which might be considered necessary.

This Committee will report its findings to the Annual General Meeting which will be held on Friday, 3rd June, at 5.30 p.m., in the Anatomy Theatre.

Yours etc.,

B. BLACKWELL.

Guy's Hospital, S.E.1.

REVIEWS

Epidemic Diseases. By A. H. GALE. Penguin Books Ltd. *Price* 3*s.* 6*d.*

Many of the infections which caused such ravages in the past and which have even been responsible for the collapse of whole civilisations seem for the first time in history to be under control. The very fact that this control seems at the moment to be so nearly complete, at least with some infections, should not make us forget how delicately poised it may be and how easily it can be upset by social revolutions and governmental or world policy.

This book by the late Dr. Gale gives an admirable account of some of the commoner diseases and traces the ways in which they waxed and waned throughout history. The author starts with an examination of sources and the development of modern systems of notification; he then discusses in turn plague, influenza, leprosy, syphilis, smallpox, asiatic cholera, continued fevers, summer diarrhœa in infants, scarlet fever and diphtheria, measles and whooping cough, epidemic diseases of the central nervous system, malaria and yellow fever and tuberculosis. The book ends with an important chapter on the relative importance of different diseases at different times.

This is a thoroughly readable book. The style is clear, effective and agreeable. Short though it is, it contains a great deal of information. It can be strongly recommended both for qualified men who wish to retain a broad interest in the trends of infectious disease and for students to whom it gives a bird's eye view of the important aspects of epidemiology which are so apt to be crowded out in the excessive detail of the medical curriculum.

R.K.

An Introduction to Congenital Heart Disease. By LEO SCHAMROTH and FAY SEGAL. Blackwell; Oxford. 115 pages. *Price* 22*s.* 6*d.*

This booklet on congenital heart disease by Schamroth and Segal of Johannesburg fulfils a long-felt want. It is particularly welcome at this time when cardiac surgery is forging ahead with bewildering speed.

The field of congenital heart disease is dealt with in a simple concise manner and there is a limited list of references at the end of each chapter for further reading.

This is not a book for the specialist in cardiology or cardiac surgery and indeed it is not designed as such. It is specifically aimed at the student and general practitioner and fulfils this limited objective admirably.

The headings are clearly set out and there is an abundance of clever line illustrations which enables the authors to dispense with a great deal of laborious description. The quality of the drawings is, however, very poor and it is hoped that the next edition will have the assistance of a professional medical illustrator. The radiographs are good examples of the conditions illustrated and reproduce well.

As is to be expected in a medical book, there is a rather conservative attitude to surgical treatment even in well established procedures but the omission of any reference to Brock in the chapter on pulmonary stenosis, and in the references, is a surprising omission.

The rejection of the terms "infantile" and "adult" in relation to coarctation is welcomed. On page 50 "excision" of the ductus is mentioned whereas "division" would be a more accurate term. The electrocardiogram on page 56 illustrating a typical atrial septal defect, has been badly chosen as it suggests a diagnosis of the rarer ostium primum type of defect.

The authors are to be congratulated on producing a thoroughly readable book.

D.N.R.

Partial Dentures. By SWENSON and TERKLE. The C. V. Mosby Co., St. Louis. Henry Kimpton, Gt. Portland Street, London, W.1. 2nd Edition. Pp. 384. Illus. 403. *Price* 78*s* 6*d.*

This book contains much of value and the information is given in a clear and concise manner assisted by a profusion of excellent illustrations, but in this country will probably appeal more to the post-graduate than to the undergraduate student. The reason for this remark is that much is advocated here which cannot be universally accepted so that some experience and critical appreciation is a desirable preliminary if the maximum benefit is to be obtained.

At a time when Kennedy's classification of partial denture cases is becoming more and more widely used it is unfortunate that these two authors consider it necessary to modify this classification, sound though their arguments may be for their alterations. The reader tends to find it irritating constantly having to remember that a Swenson Class I—A is what he has learnt to visualize as a Kennedy Class II modification 1, for example; a small point which in no way affects the value of the information.

This book is entirely confined to partial dentures constructed of one-piece metal castings with the masticatory loads intended to be borne entirely by the remaining teeth. This results, in many instances, in considerably longer tooth-borne saddles than most prosthetists would happily accept, particularly in dentures with free-end saddles.

This second edition contains an entirely new chapter devoted to partial dentures in relation to cleft palates but since it is confined to a detailed description of an obdurator for only one type of palatal defect, a cleft of the soft palate, it will probably not be found to be of any great value.

The paper, printing and illustrations are well up to the high standard we have learnt to expect in American text books and this book should be widely read by qualified prosthetists as it is definitely thought provoking, even when one disagrees.

H.B.F.

SPORT

Squash, 1959-60

"Not entirely disastrous" was the verdict on last year's Squash season at the Annual General Meeting last week. Though Guy's were relegated to the third division of the Cumberland Cup, and lost to St. Thomas's in the first round of the Hospitals' Cup (largely through underestimating their opponents' strength). they did reach the semi-final of the London University Shield, and match results were fair.

The first team of Gazdar, Blake, Hall, Sievers and Meadow rarely appeared in its entirety. Gazdar, undisputedly the finest player, did not always reach his best form, and Blake was a curious mixture of brilliance and despair. Hall, a most efficient secretary, played hard and successfully all season, finally becoming engaged just before Christmas. Sievers thrived when taken to 5 games; Meadow did not. Boothby was a useful auxiliary player, and Scott-Kerr, on account of himself and his hyphen, a social asset.

The best squashmanship came when Beales, leading 2-1 against a quiet dentist from the Royal Dental Hospital, shook his opponent firmly by the hand, thanked him for a grand game and disappeared into the showers. Beales was rivalled by Heber who, putting in a single match appearance, went into the court to knock up, hit two wristy shots into the left corner and then retired with a strained shoulder.

An Oxford week-end was successful in every way; the team inspired by the surroundings played well to beat a moderate St. John's side and a characteriscally strong Worcester side. The expedition including the golf and good food is to be repeated next year, together it is hoped with a Cambridge visit.

Next season there is to be more professional coaching, an open competition and a squash ladder to ensure fair team selection. Desmond Hall was elected Captain, with Paul Sievers as Secretary. And all complaints about either the lighting or the leaking should be made direct to Sievers.

M.

CRICKET

Guy's v. Beckenham

24th April, 1960

With rugby and hockey still being played it was a depleted and somewhat bewildered side that took the field at Beckenham well before the start of the official cricket season. However, after a brutal onslaught it was David Wright and Ian Gibson who bettered the position of 74 for 1 to 102 for 8. The tail wagged but left Guy's ample time to get the 169 runs needed. However, so early in the season Guy's batting was poor save for occasional sparkling shots by Ian Gibson and the perseverance of David Roberts and the game was lost by 93 runs.

Beckenham: 168 all out (D. Wright 4-21; I. Gibson, 4-29).

Guy's: 75 all out (I. Gibson 16, D. Wright 20).

Guy's v. Wanderers

4th May, 1960

Once again Guy's took the advantage batting first with another fine innings by Geoff Cook assisted by Tim Huins and Zak Cader. Once again the game ended as a draw no bowler bowling successful on a plumb batting wicket.

Guy's: 189 for 7 declared (T. Huins 45, G. Cook 72, Z. Cader 27*).

Wanderers: 148 for 6 (M. Williams 2-21, Z. Cader 2-32).

Guy's v. Orsett

30th April, 1960

Geoff. Cook won the toss and batted. Hamish McCregor, a wicket-keeper for Devonshire C.C. had a fine debut batting soundly. A stand of 102 by Geoff. Cook and Bob Myall gave Guy's the advantage and the innings was declared at 193 for 6 wickets. This left Orsett 1 hour and 50 minutes for the runs. This proved to be inadequate to either side despite accurate bowling by G. Cook and Albert Leigh-Brown who each took 4 wickets.

Guy's: 193 for 6 declared (H. McCregor 36, G. Cook 53, R. Myall 62).

Orsett: 97 for 9 (A. Leigh-Brown 4-21, G. Cook 4-21).

Guy's v. Honor Oak

7th May, 1960

With no facilities for 5-day cricket, and no rain to liven the pitch; yet another draw. G. Cook once again featured with a high score *to enable Guy's to declare at 187 for 7. Honor* Oak batted well but slowly, and at 35 for 3 wickets they obviously seemed reconciled to a draw.

Guy's 187 for 7 declared (R. Juniper 31, *G. Cook 65).*

Honor Oak: 134 for 4 wickets.

Guy's v. Ashtead

8th May, 1960

Ashtead batted first and the speed of Roy Trevelyan and spin of Geoff Cook with sound fielding all round dismissed them at 4.40 p.m. with adequate time for the 155 runs necessary. An attractive innings by Tim Huins of 78 in 110 minutes delighted the spectators and Guy's were comfortably home by 4 wickets.

Ashtead: 155 all out (R. Trevelyan 4-41, G. Cook 5-48).

Guy's: 158 for 6 (T. Huins 78, G. Cook 25, Z. Cader 23).

ATHLETICS

University of London Championships

In the University Championships at Motspur Park, on Saturday, 14th May, the following Guy's athletes were finalists :—

D. B. Waters: 1st in 120 yards Hurdles 15.1 secs.
3rd in 220 yards Hurdles.

C. B. Boothby: 8th in 880 yards 2 min. 5.6 secs.
5th in 440 yards 54.9 secs

M. M. Walker: 5th in Pole Vault.

Guy's v. King's College Hospital

At Dog Kennel Hill Thursday, 12th May

100 *yards:* 3rd I. Robinson 10.9 sec., 4th R. O. Weller 11.0 sec.

220 *yards:* 1st D. B. Waters 24.5 sec., 2nd I. Robinson, 25.6 sec.

440 *yards:* 1st C. B. Boothby 55.2 sec., 2nd I. Robinson 56.3 sec.

880 *yards:* 1st C. B. Boothby 2 min. 12 sec., 3rd A. J. Parratt.

1 *Mile:* 2nd M. C. E. Hutchinson 5 min. 13 sec., 3rd D. J. Browning.

High Jump: 1st D. B. Waters 5 ft. 1 in., 3rd B. V. Bray, 4 ft. 10 ins.

Long Jump: 2nd D. B. Waters, 18 ft. 9½ ins., 3rd J. A. Zadeh 18 ft. 6 ins.

Discus: 1st J. R. Parker 90 ft. 9 ins., 3rd J. M. Robertson 76 ft. 5 ins.

Javelin: 2nd J. M. Robertson, 3rd J. A. S. Carroll.

Shot: 1st J. M. Robertson 31ft. 1½ ins., 2nd J. R. Parker 30 ft. 4 ins.

4x110 *yards relay:* 1st Guy's (Bray, Robertson, Miss G. Walker, Waters) 50.1 secs.
Result: 1st Guy's 71 points.
2nd King's 49 points.

This was an encouraging result as it is the first time since 1958 that Guy's have won an athletics match.

It was also good to be able to field a team of twelve people, amongst whom were several newcomers to Guy's athletics.

Unfortunately it was not possible to arrange a ladies' fixture but Miss G. Walker came down and was invited to compete for Guy's in the relay where she helped the team to a splendid victory!

It is hoped to arrange some ladies' fixtures this season and also to enter a team for the United Hospitals' Championships. Any medical student, nurses, radiographers or physiotherapists, who are interested in athletics, should get in touch with Miss Walker in the Physiotherapy Department.

HOCKEY

Folkestone Easter Hockey Festival, 1960

Results :

Guy's v. Old Dovorians, Won 6-3.
South Saxons, Drawn 1-1
Old Dragons, Won 4-1
Jesus College (Camb.), Lost 0-1

Once again this year the Guy's XI was one of the fifty sides enjoying the fine organisation of this festival. Once again the weather was sufficiently kind to allow everybody present to have a game every day (and some more than one), although there were only seven pitches. It was unfortunate that one of the Guy's side dropped out at the last minute leaving only ten men. The gap was always filled, though on one occasion, only with difficulty.

In the opening game against the Old Dovorians Guy's quickly set up a five goal lead. Only the very best sides can resist the temptation to "rest on their laurels" in this situation. Guy's could not, and allowed their opponents three goals to their one during the later stages of the game.

Guy's beat the South Saxons very convincingly early in the season, but found a much younger and fitter side at the festival. This took them by surprise and they never really settled down in this rather rough game. A draw was a fair result.

In contrast, Guy's had a clean and fast game with the Old Dragons. They did not deserve so resounding a victory, although the four goals do credit to the opportunism of the forwards.

In the final game Guy's were out to score four goals, in order to bring their total for the festival (in 49 games played over recent years) up to the century. It was not long before they realised that this was a stiff proposition against such a steady side as Jesus College, who had won their three previous games, and went on to win this one by a single goal.

This was a disappointment for Guy's, who might have earned themselves a two year unbeaten festival record, as well as making the century. However, any sorrows were well drowned in advance, and they can look forward to enjoying next year's festival with a team which promises to be almost unchanged.

A. Daryabegui Guiliani, R. Lallemand, R. Strickland, M. Conybeare, J. Sedgwick, J. Gumpert, M. Blake, M. Steyn, Z. Cader, P. Liddiard. (Absent R. Morris).

Results of Season's Matches

				Goals	
Played	*Won*	*Rrawn*	*Lost*	*For*	*Against*
32	18	3	11	94	54

SAILING

The Bannister Inter-Hospital race on 30th April.

1st Guy's (Robin Heath).
2nd St. Bartholomew's.
3rd Westminster.

LADIES' LAWN TENNIS CLUB

1st Round of United Hospitals' Cup

Guy's v. Royal Free Hospital

Guy's won 6 matches to nil. (Match not completed due to lack of time).

M. Abbel and C. Gladstone, Won 2, Lost 0.
J. Cridlan (captain) and D. Lagarowska, Won 2, Lost 0.
B. Williams and J. Sairey, Won 2, Lost 0.

NETBALL

Inter-Physiotherapy Schools Rally

St. Mary's—1st.
Guy's—2nd.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

Applications are invited for a **full-time Research Fellowship in the Thoracic Surgical Unit** for research on Cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Initial salary normally within the range £972 to £1,258 per annum, according to the experience and qualifications of the person appointed, but in special circumstances a higher salary would be considered. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, as soon as possible.

APPOINTMENT

Surgeon Rear-Admiral W. V. Beach has been appointed an honorary surgeon to the Queen in succession to Surgeon Vice-Admiral Sir Cyril May.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Fellowship

At a comitia of the college on 28th April, the following were elected to the fellowship.

C. H. Edwards — Brian McArdle
E. B. French — W. S. Whimster

PASS LIST

UNIVERSITY OF LONDON

M.D.

B. G. B. Christie

Ph.D.
Faculty of Medicine

E. J. K. Penikett

Faculty of Science

A. U. Ogan

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.
April, 1960

A. T. T. Forrester — P. M. J. O'Brien
A. G. Malleson — L. Stimmler

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

D.Obst.

J. F. R. Adams — G. S. Duncan
J. F. S. Batson — R. W. Elsdon-Dew
J. T. Bavington — L. A. Emanuel
T. A. Crantock — K. C. Hammond
Katharine E. Cuthbert — E. J. Horgan
H. T. Davies — A. B. Morphy
L. M. Davis — H. D. W. Plowright

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

Fellowship

T. E. Jeffreys

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

Membership

J. H. P. Willis

STATE OF NEW YORK

M.D.

December, 1959

D. K. Croll

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Diploma in Orthodontics

M. S. E. Gould — R. W. Willcocks

L.D.S.

Second Examination

April, 1960

J. M. Brown — J. G. Machado
A. P. Buirski — J. G. Mitchell
K. F. R. Hutchison — A. Owen
P. J. E. Lang — Jane E. Taylor
A. Leigh-Brown

GUY'S HOSPITAL MEDICAL SCHOOL

CLINICAL ENTRIES

April, 1960

J. E. C. Hern	Marborough College and New College, Oxford
J. R. Hockey	Bedford School and Christ's College, Cambridge
P. C. H. Newbold	King William's College, Isle of Man, and New College, Oxford
G. D. Nicholson	Queen's College, British Guiana, and Balliol College, Oxford
J. W. Ogilvie	Christ's Hospital and Corpus Christi, Oxford
C. I. Roberts	Manchester Grammar School and Brasenose College, Oxford
C. F. P. Wharton	Shrewsbury School and Worcester College, Oxford
B. M. J. Wolfe	Saskatchewan University and Exeter College, Oxford

NURSING NEWS

Entered :
S/N Waller to *Recovery Ward.*
S/N T. Stewart to *Theatres.*
S/N Lodenquai to *Theatres.*

Left :
Sister Abbott from *Evelina.*
S/M Hollyer from *Nuffield D.*
S/M Brownlow from *District.*
S/N Maharaj from *Out-Patient Department.*
S/N J. Stevens from *New Cross.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Boulter, P. S. and Parks, A. G. Submucosal Vascular Patterns of the Alimentary Tract and their Significance. *Brit. J. Surg.*, 1960, **47**, 546.

Brock, Sir Russell. Radical Pneumonectomy. Symposium by the Thoracic Society. *Thorax*, 1960, **15**, 7.

Burn, J. H. The Cause of Fibrillation. *Brit. med. J.*, 1960, i, 1379.

Darke, Christopher S. and others. Unilateral Lung Transradiancy: A Physiological Study. *Thorax*, 1960, **15**, 74.

Ellis, F. G., Kauntze, R. and Trounce, J. R. The Innervation of the Cardia and Lower Oesophagus in Man. *Brit. J. Surg.*, 1960, **47**, 466.

Engel, C. E. The Graphic Representation of Movement. Sequence Still Photographs for the Analysis of Movement. *Ann. phys. Med.*, 1960, **5**, 192.

Evans, P. R. C. A Comparison of Home and Hospital Treatment of Patients with Peptic Ulceration on a Liberal Diet. *Postgrad. med. J.*, 1960, **36**, 341.

Forgacs, Paul. Subcutaneous Gas Equilibration in Clinical Practice. *Thorax*, 1960, **15**, 37.

Hopkins, Philip. Psychiatry in General Practice. *Postgrad. med. J.*, 1960, **36**, 323.

Irving, J. T. A Histological Staining Method for Sites of Calcification in Teeth snd Bone. *Arch. oral. Biol.*, 1959, **1**, 89.

Joseph, J. The Graphic Representation of Movement. Electromyography of Postural Muscles. *Ann. phys. Med.*, 1960, **5**, 185.

Kark, Robert M. and others. Localization of Gamma-Globulin in the Diseased Kidney. *Arch. intern. Med.*, **105**, 524.

Missen, G. A. K. A Vesical Calculus containing Methylene Blue. *Brit. J. Surg.*, 1960, **47**, 499.

Moynahan, E. J. The Problem of Psoriasis. *Practitioner*, 1960, **184**, 557.

Nightingale, A. The Graphic Representation of Movement. Relationship between Muscle Force and the Electromyogram in the Stand-at-Ease Position. *Ann. phys. Med.*, 1960, **5**, 187.

Ogilvie, Sir Heneage. The Surgery of the the Oesophagus. *Brit. J. Surg.*, 1960, **47**, 457.

Parfitt, G. J. A Survey of the Oral Health of Navajo Children. *Arch. oral. Biol.*, 1959, **1**, 193.

Scott, G. W. and another. Flaccid Quadriplegia following Ureteric Transplant. *Lancet*, 1960, i, 1005.

Shaheen, Omar H. A case of Metastic Amelanotic Melanoma of the Larynx. *J. Laryng.*, 1960, **74**, 182.

Soothill, E. F. Closed Traumatic Rupture of the Cervical Trachea. *Thorax*, 1960, **15**, 89.

Stewart, I. McD. G. The Recognition and Management of Coronary Artery Disease. *Med. Pr.*, 1960, **243**, 378.

Trethowan, W. H. The Beattie-Smith Lectures (University of Melbourne). *Med. J. Aust.*, 1960, i, 481.

Weale, F. E. Spectrophotometric Micro-Estimation of Blood Oxygen Saturation. *Brit. Heart J.*, 1960, **22**, 201.

Wendell-Smith, C. P. Objective Film Testing. *Med. biol. ill.*, 1960, **10**, 110.

Whitling, Ivor E. Further Thoughts on Practical Preventive Dentistry. *Brit. dent. J.*, 1960, **108**, 318.

Wright, Peter, H. Plasma-Insulin Activity in Acromegaly and Spontaneous Hypoglycaemia. *Lancet*, 1960, i, 951.

CHANGES OF ADDRESS

D. C. Gill, M.B., B.S., D.C.H., Shivarre, Alexandra Road, Illogan, Redruth, Cornwall. (Tel. Portreath 369).

J. L. Hayward, F.R.C.S., Bunces Farm, Birch Grove, Haywards Heath, Sussex. (Tel. Chelwood Gate 421).

G. A. Lawrence, F.R.C.S. and Gillian Lawrence, M.B., B.S., Rectory Cottage, Wreningham, Norwich, Norfolk. (Tel. Fundenhall 330).

R. Merryweather, F.R.C.S., Berry Cottage, Paradise, Painswick, Gloucestershire. (Tel. Painswick 2251).

D. L. Parry, M.B., B.S., Maes-y-Coed Greenfield Road, Ruthin, Denbighshire, N. Wales. (Tel. Ruthin 247).

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

For Sale

HALF SKELETON with skull £7. Box No. 225.

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage, Packing 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, **St. Thomas's Street, S.E.1.**

INDEX 1959 may be obtained free of charge, from the *Gazette* Office, or Wills Library—Binding Cases 5*s.*

BINDING. Have your *Gazettes* Bound 10/6*d.* per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

BIRTHS

BERWICK.—On 15th April, 1960, at Bowland's R.N. and R.M. Maternity Home, Southsea, to Barbara (née Hunt), M.C.S.P., and Surg.-Lieut. (D), L. Colin Berwick, L.D.S.R.C.S., Royal Navy, a daughter (Karen Elizabeth).

CLARKE.—On 30th April, 1960, at Church House, Barnet, to Eleanor (née Bray), M.B., B.Chir., and the Rev. Maurice Clarke, B.Sc., a son (Simon).

CLARKE.—On 4th May, 1960, at The Lindens, Matford Avenue, Exeter, to Jacqueline (née Isard), and T. A. P. Clarke, M.B., B.S., a third son, a brother for Hugh and Timothy.

DIXON.—On 18th March, 1960, at Queen Charlotte's Hospital, to Janet (née Smith), S.R.N., a daughter (Sally Louise), sister for Elisabeth.

HILLIAM.—On 5th May, 1960, at 19, Wimborne Road, Bournemouth, to Jean and Tony Hilliam, L.D.S., a son (Timothy Conrad Wayne).

MANSFIELD.—On 8th May, 1960, at Queen Charlotte's Hospital, to Carol (née Turner) and Frank Mansfield, M.B., B.Ch., a daughter (Jane Elizabeth).

PARRY.—On 30th March, 1960, to Jean (née Cooper), S.R.N., wife of David Lewis Parry, M.B., B.S., a son (Hew David).

PENNEY.—On 12th April, 1960, at Bishop's Castle, to Belinda (née Rudd), wife of G. St. John Penney, M.B., B.Chir., a third son (Charles David St. John).

MARRIAGES

ESSON—STORRS FOX.—On 23rd April, 1960, at All Saints Church, Bakewell, Derbyshire, Walter R. Esson, B.A., to Elizabeth Storrs Fox, S.R.N., S.C.M.

OAKLEY—WEISS.—On 7th May, 1960, at St. Mary's Church, Goring-by-Sea, Sussex, John Cyril Oakley, M.B., B.S., to Pamela Jean Weiss.

REYNOLDS—ALLEN.—On 16th April, 1960, at the Church of St. John the Evangelist, Putney, Richard Reynolds, M.B., Ch.B., to Barbara Allen, M.B., B.S.

Eds. { D.N.L. S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1875 *4th June* 1960 *One Shilling*

PASSIM

THE *Gazette* has a circulation of well over five thousand copies a fortnight, and it was clear at last week's conference of Hospital journal editors that our readership was far greater than that of any comparable journal. However, all journals shared one feature: an extremely sporadic influx of news and articles. We occasionally receive articles from students with notes saying "I do not know if it is your policy to print student's articles" as if the *Gazette* were a part of some mysterious 'Establishment'. Letters like these make us realize that it is time we declared ourselves.

The *Gazette* is not edited by the Hospital or Medical School Authorities. The present editors, a houseman and a student respectively, are allowed great freedom by the management committee which, as can be seen below, is representative of all aspects of Guy's life. The regular fortnightly appearance is made possible by our co-operative printers Ash & Co., and by the traditional efficiency of the permanent staff of 16, St. Thomas's Street, headed by the Manager and Secretary, Miss Sidney, who has served the *Gazette* for over 25 years. A fortnightly issue needs much material. Articles, news, photographs and drawings are welcome from everyone including students and nurses. Contributors should remember that 4,000 copies (over 75 per cent. of the total) go to people no longer at Guy's, people presumably who wish to preserve a link with Guy's and to know what is going on. 500 copies go abroad each fortnight. Short articles and news may be published quickly, whilst there is sometimes delay in the publication of longer articles in order to achieve editorial balance.

We are always grateful for suggestions and we need them most from the submerged 75 per cent. whom we do not see. But please don't say we are too parochial; of that we are unashamed, for we have something that it is worth being parochial about.

Gazette Committee: Chairman, Mr. G. F. Gibberd; Staff, Mr. J. B. Blaikley, Mr. N. L. Eckhoff; Censor, Dr. C. Baker; A Dental Correspondent; Students, L. Razavi, P. Curtis, G. Fraser, F. A. W. Schweitzer; Clubs' Union. Representative, J. P. Barker; Nursing correspondents, Miss P. Smyth, Miss M Stockdale. The President of the Residents, J. A. Wall; Editor, D. N. Landon; Assistant Editor, S. R. Meadow.

On May 11th Sir Charles Symonds delivered the Hughlings Jackson Memorial Lecture at the Montreal Neurological Institute, the subject of his lecture being " Memory Disorder following brain damage ".

A course of lectures will be delivered at the Hospital for Sick Children at Gt. Ormond Street, on June 18th and 19th, under the collective title of " E.E.G. and Clinical Neurophysiology in Paediatric Problems ". The course is run by an old Guy's man Dr. G. Pampiglione, Physician to the E.E.G. department at Gt. Ormond Street, and lecturer at the Institute of Child Health. All enquiries relating to the course should be directed to G. H. Newnes, M.D., F.R.C.P., Dean of the Institute of Child Health, Gt. Ormond Street.

We congratulate Sir William Kelsey Fry upon his recent election to an honorary fellowship of the Royal Society of Medicine.

We commiserate with the 84 who walked part of the way to Brighton, and with the organizers who despite great efforts narrowly failed to retain the Guinness Toucan Trophy. We congratulate the 96 who walked the full 57 miles, and particularly Professor Haslewood for demonstrating that the older gereration is not what the younger may think.

On Monday at Southerby's, a copy of Addison's *Diseases of the Suprarenal Capsules* (1855) was sold for £450, and a copy of Bright's *Reports of Medical Cases* (1827-31) for £500. Meanwhile at Guy's the long low couch with the broken springs from the old Surgical Take-in flat failed to find a buyer at the offered price of 10*s*., and the Works Department will break it up.

Our readers are reminded of the Annual Club's Union Ball at the Royal Festival Hall, on 10th June, from 11.00 p.m. until 5.00 a.m. Like the previous " Grand Balls," both great successes, this ball is intended for all sections of the Hospital community. This is, however, the first to be held in the summer, and should the weather allow, there will be dancing on the terrace. The considerable demand for the remaining tickets makes an early application essential.

A PIANO FOR " THATCHINGS "

A second-hand piano for the use of Guy's Nurses at " Thatchings " is very much needed. If anyone can help in this respect would they kindly get in touch with the Hon. Secretary of the Guy's Hospital Ladies' Association.

GUY'S DIARY

JUNE			Exhibition. *The Jaw.*
7th	T	1.00	Dr. Dow. Clinical Lecture. *The Radiological Examination of the Kidneys.*
9th	Th	1.00	Mr. Grant Massie. Clinical Lecture.
11th	Sat.	10.00 a.m.	Surgical Departmental Round, conducted by Mr. H. B. Thompson of St. Mark's Hospital, in the Clinical Theatre.
13th	M	1.00	Sir Russell Brock. Clinical Lecture.
14th	T	1.00	Dr. Hunter. Clinical Lecture. *Dust Diseases of the Lungs.*
17th	F	1.00	Mr. Brain. Clinical Lecture. *Unusual Presentations of Bronchial Carcinoma.*
20th	M	1.00	Dr. Baker. Clinical Lecture.
21st	T	1.00	Mr. Atkins. Clinical Lecture.
21st	T	1.00	Mr. Mansie. Dental Lecture. *Not in the Book.*
24th	F	1.00	Dr. Kauntze. Clinical Lecture. *Coronary Thrombosis.*

NOTICES

PUPILS' PHYSICAL SOCIETY

Dr. Richard Asher gave the annual invitation lecture to the Pupil's Physical Society on Thursday, 19th May.

His title "Salesmanship in Medicine" was a witty, informative inventory of hints on how to succeed in medicine. It was generally felt that those who missed their opportunity to hear him have handicapped themselves in the road to the top.

THE QUODLIBET SOCIETY

The next meeting of the Quodlibet Society is on Thursday, 16th June, when the guest is Mr. Ted Hughes. Mr. Hughes will read from his recently published and widely praised collection of poems "*Lupercal*". The meeting will be at 8.30 p.m. in the Students' Club.

OBITUARY

H. J. FULLER, M.R.C.S., L.R.C.P.

Dr. Harold Fuller who died suddenly on May, 18th, was a man who loved his hospital and who was admired by the Guy's men who knew him in his formative years as a student, and later when a mature busy general practitioner. Complete honesty of purpose and fearlessness were combined in him with high ability, courtesy at all times, and utter devotion to his family and patients. He was educated at Westminster School and came to Guy's after serving in the R.F.C. as a pilot in the first world war. He joined the R.A.F. in the second world war. Apart from these years he practised medicine in Wadhurst, Sussex, with the skill and wisdom which place the family doctor at the summit of the medical hierachy. In spite of a major coronary thrombosis in 1951, after a few months rest he returned to his work undaunted, cheerful and as enthusiastic as ever.

It is a privilege to pay this tribute to a worthy son of Guy's, and to offer deep sympathy to his widow, son and daughter.

A.H.D.

The Brighton Stroll

The Start . . .

It had rained continuously for 36 hours, but it stopped long enough for a Beefeater at the Tower to capture an audience of school children: "And then they walk all the way back, getting here dead tired on Sunday morning—just in time for church you see". The children gaped in open mouthed astonishment, as would any of the competitors who were now beginning to arrive.

They looked a motley crowd, straggling down Tower Hill in twos and threes, or in cars, until the enormous Guy's column paraded in. Competitors had been asked to wear some sort of identifiable clothing; in fact the emphasis was on the extraordinary rather than the representative. A dead pigeon balanced on one leg on a topee on Chater's head. Girls were in Rugger shirts pulled low to make it look as if they were wearing just that. There were top hats, bowler hats, operating hats, sun hats, flat caps and golfing umbrellas. The regular inhabitants of the Tower looked bemused; at the approach of his namesake brandishing a spear, clad only in powder blue loin cloth and war paint, it was clear that 22831772—Guardsman—Williams—Sir was in two minds as to whether to call out the guard. It was A. G. Williams who later told an intense B.B.C. Television reporter that the Stroll was "the highlight of my academic career."

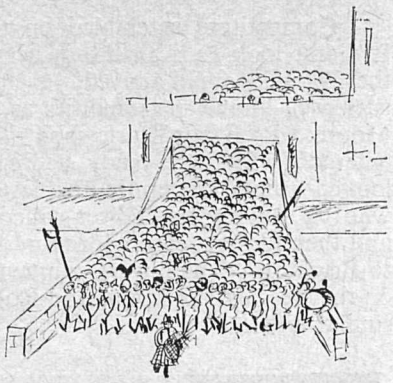
Competitors assembled on the square within the Tower walls. It didn't look as if all the owners of the 230 names on the board in the Colonnade had arrived, which isn't surprising as the list contained such well known personalities as Doctors W. N. Mann and Barbara Moore. Professor Haslewood whom most assumed had also 'been entered', was there ready willing, and as later proved, able. One looked round hopefully for last year's anonymous alcoholic hero who on leaving the Tower called in at each pub until closing time, and then filling a case with more beer bottles continued happily along to Brighton. There were compensations, for instance the expressions on the faces of The Major and Robertson on finding they were wearing similar kilts.

London . . . .

By this time with the awful moment of 6 p.m. near, the competitors were more subdued. It was so obviously 57 miles and going to rain. The starter arrived, General Sitwell, Keeper of the crown jewels, an impressive figure in stroll-worthy green tweed suiting. A banner was raised in front of the assembly, the General mounted a plinth and raised the gun aloft. With the shot, everyone moved off, the Generals in the direction of the mess, and the rest in the direction of Brighton.

Guy's men rushed to the front in support of The Major,

who had announced that he would pipe them as far as *The Pied Bull* at Streatham. (He reached *The Tiger*, Tower Bridge Road defeated, so to speak, by the opening hours). There were left at the back an assortment of people, mainly from The London, still undecided if it was really worth it, arguing about who should carry the sandwiches, buying peanuts from the slot machines, and shouting without much conviction "Right, We're off"—"Let's Go"—"Now we're starting."



The head of the column splashed over Tower Bridge. The tide was out, it was cold and there were ominously dark clouds ahead. Barker, the meteorological officer, had forecast "anticyclonic gloom due to orographic lift coming in over Brighton in the early hours of the morning", and no one disagreed.

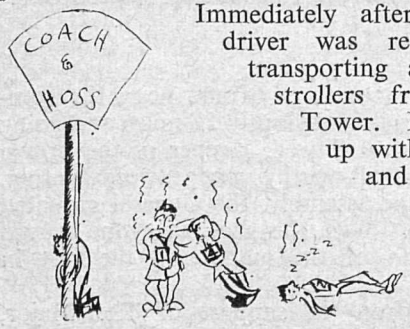
As they passed his statue at the end of Tooley Street, a large raindrop tear fell from the bronze eyebrow of Mr. Ernest Bevin. The mob ambled on into the night, possibly to Brighton, and certainly to rain.

M.

The Stroll . . .

The novelty of it all and the initial delight at marching out of the Tower over a specially lowered drawbridge led by the Guy's pipe major, were sure to wane fairly quickly. Therefore, great efforts were made to find supporters who would keep up morale and look after refreshments and food. This organisation had kept the Student's Union busy for many weeks and was prepared in intricate detail.

Refreshment and food obtained by dubious means consisted of: 576 large bottles of Lucozade, several thousand saline and glucoze tablets, 288 tins of Ovaltine tablets, 24 lbs of fruit, 5 gallons of hot soup and 5 of tea, 200 sausages, 100 boiled eggs, 100 buttered Ryvitas, 80 gallons of water, and several gallons of a physiological concoction guaranteed to make the stoutest heart quail.



Immediately after the start, the Guy's lorry driver was recovering from the strain of transporting an incredible number of Guy's strollers from Great Maze Pond to the Tower. But the lorry eventually caught up with the rear-guard at the Elephant and Castle. By this time the leaders were a mile ahead of the main body of strollers.

A score more of supporting cars and motor-cycles were on

the road at this time encouraging the strollers, and it was noted that the less ambitious of the strollers and supporters made good use of a chain of previously warned Public Houses along the A23. The leaders now had reached Streatham leaving the rear 4 miles behind.

At Coulsdon all the organisers and supporters gathered in a Public House to compare notes and rally their forces. By 10.0 p.m. the A23 had already claimed 30 woebegone victims.

Just south of Coulsdon the first Ovaltine station was set up providing hot ovaltine, cold milk and biscuits for the strollers. At Redhill the first Guy's food station was positioned. It served biscuits, glucose and saline tablets, water and Lucozade. Several Guy's strollers carried polythene bottles, for reasons best known to themselves and the Department of Physiology.

The field stretched over 10 miles at this point and over 90 strollers had regretfully dropped out.

The next Ovaltine station was passed at Earlswood Common. The rain, which had persisted, intermittently, from the start, seemed to have discouraged one of the Guy's team, who was asleep in a Telephone Kiosk with his feet resting on the Telephone.

Half-way house was reached at Gatwick Airport just 30 miles from the Tower of London. Further food and Ovaltine stations were set up here, and a Guy's foot Clinic tended aching and blistered feet.

* * *

The first men home took 11 hours 45 minutes. The Stock Exchange record is 8 hours 30 minutes.

* * *

To qualify, competitors had to arrive by 4 p.m. The last Guy's man to qualify was S. Lal, who had 25 minutes to spare.

* * *

Successful competitors were given a free ticket for the dance at the Whisky a'Gogo night club.

* * *

Two strollers were found to be constitutionally ill-fitted for the ordeal; one, a haemophiliac, suffered from bleeding blisters, and the other a diabetic became hyperglycaemic. (He had been chewing glucose tablets, given him by enthusiastic supporters). Both were taken to Redhill Hospital.

At 1 a.m. by the Airport the major was seen to emerge from a car; and thereupon produced from his tangled pipes an interestingly different rendering of "Scotland the Brave". There were still 12 girls, 140 students, one technician and a determined Professor (contrasting dramatically with the large student, clad only in blue towel, and blue paint) representing Guy's at this point, only 16 Guy's competitors having stopped.

The lorry was filling with casualties but the three leaders, two of them Guy's men and one of them Bart's kept up a steady 4¾ m.p.h. in spite of the depressing downpour, and by 2.0 a.m. were within 15 miles of Brighton.

There was another Guy's Food Station at Peas Pottage; but at 4.0 a.m. the tired strollers were fortunate enough to be refreshed by an hour long downpour. Twenty of the number ungrateful for this boon left the remaining 320 to battle on. The main body was passing through Crawley as the leaders arrived at the Palace Pier at 5.45 a.m.

Food was again issued at Bycombe to give the strollers a final boost. A mile further on the Brighton Gates came into view but the disappointment resulting from the discovery that there were 5 more miles to go was too much for 10 more strollers. The first 2 Guy's girls arrived at Brighton at 10.05 a.m.

All the finishers were greeted at Brighton by a large crowd which had originally gathered to see the finish of a more famous but less spectacular Stock Exchange Walk. Nevertheless they applauded each contestant.

The promenade in front of the Palace Pier was strewn with aching and blistered feet of triumphant strollers. Exhaustion took a heavy toll, 12 strollers being taken to the Royal Sussex Hospital, Five Guy's girls finished, earning the respect and admiration of the previously cynical males.

E.J.N.C.

On the following Monday, before his Biochemistry lecture, Professor Haslewood received a three minute ovation from a crowded Physiology Theatre.

* * *

The same day Doctor McArdle gave a Clinical Lecture entitled "Weakness of the Legs". The audience was largely lame.

* * *

Over 100 cases and coats were left behind on Brighton promenade by weary strollers. These belongings were brought back to London in a hired bus.

* * *

The Results . . .

		TOTAL	FINISHERS AS % OF STUDENT BODY
1st	The London	68	15.5
2nd	Guy's	95	12.6
3rd	Middlesex	45	12.2
4th	St. Thomas's	23	8.9
5th	St. Bartholomew's	38	8.8

Individual Results (*The start was at 6 p.m.*)

D. Turner, Guy's	1st equal	5.45 a.m.
G. D. Moore, Guy's		
M. J. Bascombe, St. Bartholomew's		

Other fast Guy's performances:

C. W. Hopkins	8th	7.20 a.m.
J. Oni-Orisan		
M. C. Hutchinson		
N. Baker	12th	7.46 a.m.
J. E. Sampson		
J. Zadeh		
R. J. Parker	15th	7.55 a.m.
I. McCormick		
D. Hall	17th	7.56 a.m.
S. Nundy		

Fastest Lady (*walker*)

Miss P. N. Field, Guy's	82nd	10.05 a.m.
Miss C. J. Gladstone, Guy's ..		

Fastest Professor

G. A. D. Haslewood, Guy's ..	85th	10.11 a.m.

* * *

Several strollers appeared on B.B.C. Television 'Tonight' last Friday interviewed by Trevor Philpot.

* * *

Next year the organizers hope to arrange better and drier reception centres at Brighton.

* * *

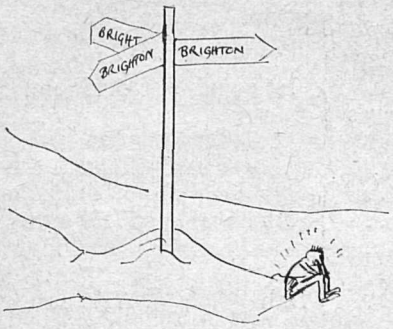
13 out of the first 20 were from Guy's. The London won the Toucan Trophy by keeping it a stroll rather than a race.

The Truth . . .

What about the walkers, all this about 'Hospital spirit' and 'guts' and 'winning through'—nonsense, nonsense all of it.

It is 2 a.m., pouring with rain and there are 24½ miles to go. That blister on the left heel will be giving trouble in another hour. Blinding headlights again, eyes shrink from the glare and feet wander ankle deep into yet another puddle. Above the roar of a lorry there is a jangle of shrill voices out of the darkness—"Come on Guy's" —no reply, so another attempt—"Come ON Guy's"—Come on yourselves—"If you ARE Guy's why don't you WAVE".

Salt tablets, lucozade, rain, cramps, spasms and blisters, why does anyone walk ? Once past Gatwick it is no longer one Hospital against another, nor even one walker against another, rather it is the walker against himself and his own mind. It is all a simple matter of logic, what is the point of it all ? Why on earth should it matter



whether there are more tortured wretches from The London at the Palace Pier ? Why walk to Brighton in the pouring rain just to catch a train back again ? I know quite well I could get there if I wanted and I am walking just to show off to my friends, therefore, it is noble to stop, to sacrifice myself.

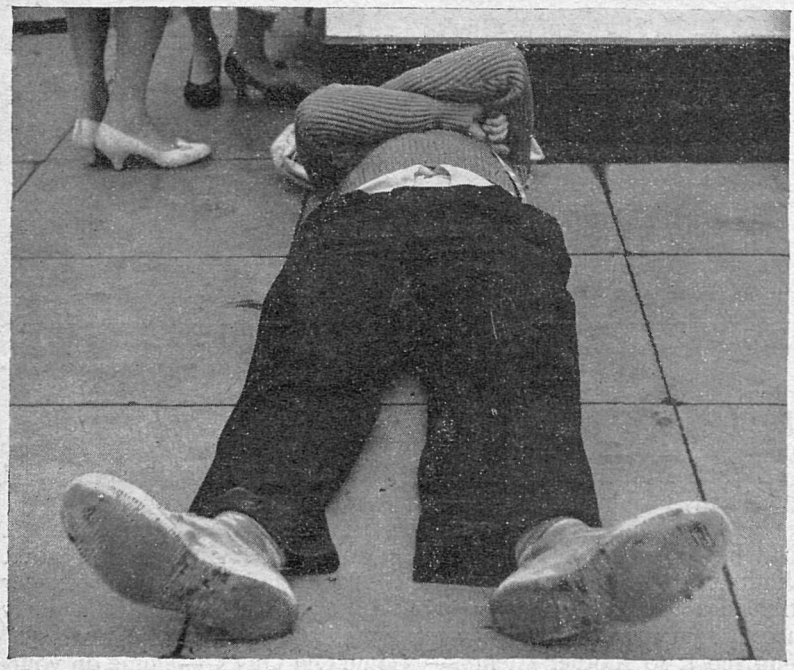
A car pulls alongside, "Everything all right," from a cheerful dry voice inside, "You are doing fine, only 20 in front of you". But what does it matter whether there are 20 or 200, what does anything matter ?

The car pulls away, the red lights dip over the brow of the hill, well, *does* anything matter ?

I felt sick, I felt faint, and didn't know which to do. I did both —and stopped.

S.B.

(Who reached a point, or at least a receptacle, 6 miles from Palace Pier)



. . . . *to Brighton*

(*Photos by Nick Lee, drawings by Peter Curtis*).

REVIEWS

Pulse—New Look. May 1960. Edited by Jack Oliver and Timothy Davis. 12 pages. *Price* 4*d.*

To many the Student's Union appeared as a rebel without a cause, and *Pulse* merely emphasised the fact. Recently the committee of the Student's Union has found several causes in which its organising ability and enthusiasm could be used, including the successful money raising ventures for the Refugees, and the Brighton stroll. *Pulse*, meanwhile, has found itself new editors.

Jack Oliver and Timothy Davis have several advantages over their predecessors, for they inherit an active concern, a staff of some experience, a large readership, and as would be expected with a controversial magazine some enemies.

The chief disadvantage of *Pulse* is that by appearing so infrequently it can not be a *news* paper. It must rely upon good writing and stimulating opinion. Moreover, it has constant printing and publishing difficulties. It is, like an ellusive long awaited film, always 'Coming Shortly' and rarely 'Here'. There was the memorable occasion when it appeared that the Birkenhead rivet worker's demarkation dispute had delayed it by two days, and when the Summit collapsed a few days before its publication last week, one's sympathy went out to the new editors. However, all was well, and the new style *Pulse* appeared almost on time.

The main item is a sincere and thoughtful thesis upon Medicine and the Law pleading for penal reform, whilst keeping on the outskirts of the question it poses itself about the division between responsibility and cause. Provocative and one-sided it deserves some of the replies one presumes it was designed to stimulate.

There is a good article by Nicholas Cohen, and then an entertaining report on the Nurses' questionaire. When a scientist gives no figures it means that the results are either meagre or meaningless; but at least we are spared deceptive percentages. A frank profile never fails, and *Pulse* has chosen two worthwhile subjects. As with the best written profiles, there is much one would like to add; however, the omission of a photograph of Craft and Hirschmann is a sad mistake, and a few elementary biographical details would have helped (perhaps they are too improbable). Reading the profile one begins to think 'this is just the type of article *Pulse* can do well' when one comes to the abrupt end and *THE MESSAGE.* Unpersuasive and unsubtle as ever it looms in block capitals: the the spirit of Craft must have slipped into the office and inserted this obtrusive polemic in monster type, beneath the very noses of the editors.

Most of the articles are worth reading and all are pleasingly free of acerbity; there is rather a lack of humour: it is easier to be angry than it is to be funny. The last item is fairly amusing, though only the final extract scores a bullseye. Twelve Guy's people are mentioned by name in the entire issue, which is very few and a pity because the informative articles are not substandard, and they might increase the readership making a bigger and illustrated magazine possible.

The type and layout is an improvement. The exclusion of reviews, on Art exhibitions which had closed long ago, will please many. In one aspect New Style *Pulse* will never equal its predecessor, for the advertising of the early numbers of its forerunner was singularly brilliant and effective. Criticism of a single issue of a magazine is necessarily rather unfair; future progress will be watched with interest.

R.M.

Early Diagnosis. By HENRY MILLER. 1st Edition. E. & S. Livingstone Ltd. *Price* 25*s.*

This book is written primarily for general practitioners. It limits its scope to diagnosis, and covers many aspects of medicine, and also some aspects of surgery, gynæcology, psychiatry, and dermatology.

In common with many textbooks written by multiple authors, it suffers from some inconsistencies of style, and even of opinion. It is interesting to read in the first chapter that when the history and the physical signs point to different conclusions, the signs are likely to be more reliable, and in the second chapter, that where the history and signs disagree the history is usually more reliable. Surprisingly it is a physician who favours the signs, and a surgeon, writing on the acute abdomen, who supports the symptoms.

The book is not exhaustive, but selects for discussion mainly the commoner diseases, although some rarities are mentioned. Carcinoma of the duodenum and small intestine, for instance, receive as much space as carcinoma of the rectum.

A few chapters are discursive and not very informative, but in the main the book is interesting and readable, and it describes concisely the important diagnostic features of most of the common diseases.

W.D.H.

Nutrition in Clinical Dentistry. By ABRAHAM E. NIZEL, D.M.D., M.S.D., Assistant Clinical Professor in Oral Pathology, Tufts University School of Dental Medicine. W. B. Saunders Co. Ltd., London. Pp. 467. *Price* 70*s*.

Intended "to enable the general practitioner of dentistry to use nutrition as a practical objective discipline in his daily practice . . . ," and as a guide for teachers of nutrition to dental students and dental hygienists, this book is on the lines recommended at the 1956 meeting of the American Association of Dental Schools.

The first half is concerned with the physiology of nutrition with special regard to the oral tissues. Disturbances are illustrated by reference to human conditions and animal experiments. While much of this is excellent, there is also much of which the relevance is not well explained, so that the reader may be left wondering for example what principles the notes and figures of Gaucher's or Paget's diseases are illustrating. The second half is on Applied Nutrition in Dental Practice and will certainly interest many dental practitioners. Such problems as "Nutritional guidance in cases of rampant caries" face us all and are here discussed in a detailed manner, suggestions being founded upon our considerable but admittedly incomplete knowledge and influenced by the conditions of dental practice and dietary customs in the U.S.A. The dentist will find much that is helpful and practical also in connection with post-operative diets and diets for those newly equipped with prostheses. Some doubts will be felt as to the extent to which a dentist is justified in advising extensive changes in diet on the basis of history and visual appraisal but without full medical examination. It is rightly stated that there should be collaboration with the patient's physician but that on such questions as food texture the dentist's advice may be of special value. There are useful lists of references.

M.A.R.

SPORT

ATHLETICS

Guy's v. St. Mary's Hospital and Westminster Hospital

At Honor Oak Park Wednesday, 18th May

RESULTS

100 *yards:* 3rd D. Biggs 10.6 sec., 4th R. O. Weller.
220 *yards:* 2nd D. Biggs 24.0 sec., 4th R. O. Weller.
440 *yards:* 2nd C. B. Boothby 55.0 sec., 3rd J. M. Robertson.
880 *yards:* 1st C. B. Boothby 2 min. 12 sec., 3rd B. J. Mason 2 min. 17.8 sec.
One Mile: 1st S. E. Davis 4 min. 55 sec., 3rd M. C. E. Hutchinson.
120 *Yards Hurdles:* 1st J. M. Robertson 17.7 sec. 2nd A. E. Davis 20 sec.
High Jump: 3rd B. V. Bray 5 ft. 2 ins., 4th J. M. Robertson 5 ft. 2 ins.
Long Jump: 1st N. J. V. Woodhouse 18 ft. 11 ins., 3rd J. A. Zadeh 17 ft. 8 ins.
Shot: 3rd J. M. Robertson 31ft. 4 ins., 6th J. R. Parker.
Discus: 2nd R. D. Owen 100 ft. 9 ins., 5th J. R. Parker, 91 ft. 5 ins.
Javelin: 5th D. Biggs, 6th J. M. Robertson.
4x110 *yards Relay:* 1st Westminster 46.9 secs 2nd Guy's 50.5 secs.

Result of Match :

1st Westminster Hospital 110 points.
2nd Guy's Hospital 106 points.
3rd St. Mary's Hospital 30 points.

The afternoon was dull, grey and cold, but in contrast it was a hotly contested match between a strong Guy's team of fourteen people, an equally powerful Westminster team containing two University athletes, and a much depleted team from St. Mary's.

We were very pleased to welcome four members who had not previously competed for Guy's: B. J. Mason in the 880 yards, N. J. V. Woodhouse in the Long Jump and Shot Putt, D. Biggs in the sprints and A. T. Hause in the Mile.

Westminster and Guy's were very closely matched, and the result was still in some doubt when it came to the last event, the 4x110 yard Relay. This was won by the Westminster in the very good time of 46.9 secs. and brought them victory by 4 points. It was at this stage that we missed our leading lady athlete !

It was a very enjoyable and smoothly run match and for this the Secretary would like to thank A. E. Davis for assistance with the organisation, Lionel Edwards for collecting and recording the results, and the other members of the Club for their co-operation.

SPORTS DAY

Saturday, 28th May, 1960, at Honor Oak Park

RESULTS

100 *yards:* 1st D. B. Waters 10.1 sec., 2nd M. Ribeiro 10.4 sec.
220 *yards:* 1st D. B. Waters 23.4 sec., 2nd M. Ribeiro 24.4 sec.
440 *yards:* 1st C. B. Boothby 53.0 sec., 2nd M. Ribeiro 56.0 sec.
880 *yards* (Open), 1st C. B. Boothby 2 min. 5 sec., 2nd A. E. Davis 2 min. 6.2 sec.
880 *yards* (Junior): 1st D. B. Waters 2 min. 20 sec., 2nd D. J. Browning 2 min. 27.5 sec.
1 *Mile:* 1st P. J. Phipps 4 min. 55.2 sec., 2nd A. E. Davis and C. B. Boothby, 5 min.
2 *miles:* 1st A. E. Davis, 2nd C. B. Boothby.
120 *yards hurdles:* 1st D. B. Waters 15.8 sec. (Record), 2nd A. G. Child 17.2 sec.
High Jump: 1st W. V. Annan 5 ft. 7 ins., 2nd D. B. Waters 5 ft. 5 ins.
Long Jump: 1st D. B. Waters 20 ft. 7 ins., 2nd J. A. Zadeh 19 ft. ½ in.
Hop, Step and Jump: 1st D. B. Waters 42 ft. 1 in., 2nd J. A. Zadeh 34 ft. 7 ins.
Discus: 1st R. D. Owen 104 ft., 2nd R. J. Parker 98 ft. 11 ins.
Shot: 1st G. M. Edwards 33 ft. 6 ins., 2nd R. Westlake 32 ft. 9½ ins.
Javelin: 1st J. A. S. Carruth 131 ft. 9 ins., 2nd D. B. Waters 112 ft. 2 ins.

Clement-Lucas Cup for the Victor Ludorum
1st D. B. Waters, 36 points.

Other Events :

Junior Sack Race: 1st Stephen Dunmore, 2nd Carey Morris.
Senior Sack Race: 1st Jennifer Grafton, 2nd May Anne Edwards.
Children's Races:
Boys under 10, Timothy Rowe.
Over 10, Christopher Chick.
Girls under 10, Gillian O'Gorman.
over 10, Carol Mencktelan.
Clubs Relay: 1st Centennial Claspers 47.1 sec.
2nd Rugger Ragamuffins 48.9 sec.
Housemen's 100: 1st Miss M. R. H. Webb, 2nd Mr. C. J. Rowland and Mr. J. M. Dawson.
Beer Race: 1st Norfolk Mansions, 2nd The Tankards.
Ladies' Egg and Spoon: 1st Mrs. Rowe, 2nd Mary Cooke.
Mixed Three-Legged Race: 1st Jennifer Crafton and Michael Ribeiro.
Tug-of-War: Dentals beat Medicals by 2 pulls to nil.

More entries than last year and sunny weather contributed to the success of the day. The sports ground was looking its best thanks to the "ever-attentive" Harold Kirby. Few people realize the tremendous amount of work put in by him and his staff on these occasions.

The new side-shows, which are gay and colourful and have been built specially by the Works Department, were much admired and encouraged our visitors to spend generously.

Denis Waters again carried off the Clement Lucas Cup. In winning the 120 yards hurdles in 15.8 secs. he beat his own record of 16.1 secs., and with a Hop, Step and Jump of 42 ft. 1 in., he was within 3 inches of the existing record. All told he won no less than six events.

Annan, a newcomer to Guy's athletics, put up a good performance in winning the High Jump with a leap of 5 ft. 7 ins. Boothby won the 440 yards in the good time of 53.0 secs.

The Club is most grateful to Mrs. Eckhoff for presenting the prizes so graciously, to the Secretary, A. E. Davis for all his hard work and the excellent organisation, to the announcer, H. J. C. Griffiths, to the starter, R. J. Parker, to the numerous judges, timekeepers, side-show attendants and programme sellers, for without them such a successful Sports Day is simply not possible.

CRICKET

Junior Cup—First Round

Guy's 2nd XI v. King's College Hospital 2nd XI

At East Dulwich 18th May, 1960

Result—Won

Guy's won the toss and elected to field, but a first-wicket stand of 78 and the lunch time score of 92 for 1 saw the King's College Hospital batsmen apparently on top.

Immediately after lunch, however, the luck which had been lacking all morning changed suddenly, and with three quick wickets from Williams and Cook and a fine throw full-toss from the boundary by Warren enabling Trayling to run out a fourth, the game had taken on a different complexion. With their captain, D. Smith, out for a steady 69, only one more King's College Hospital batsman caused any trouble, and once he had gone, Barker and Reekie ran through the tail, the last five wickets falling for two runs in less than three overs.

Thus set 151 runs to win, Healey and Ribeiro *opened the batting for Guy's and soon had a 50* partnership on the board, Ribeiro especially treating us to some delightful forcing strokes and being very unlucky to get bowled when only one run short of his 50. Price, Cook and J. Norman maintained command of the situation and saw *Guy's home to a convincing 5 wicket win.*

Guy's 2nd XI

N. Healey, b. Sidell	16
M. Ribeiro, b. Sidell	49
E. Price, not out	37
J. G. Cook, l.b.w., Randall	11
J. Norman, l.b.w., Randall	30
J. Phillips, st. Smith, b. Randall	0
R. Warren, not out	1
I. Reekie, A. Trayling, M. Williams, E. Barker, did not bat.	
Extras	7
Total for 5 wickets	151

King's College Hospital for 10 wickets .. 150

Bowling : M. Williams 2 for 44, I. Reekie 1 for 12, E. Barker 5 for 26, J. Cook 1 for 11.

LADIES' LAWN TENNIS CLUB

Guy's 1st VI v. St. Mary's 1st VI

Result : Won 5 matches to 4.

Wednesday, 11th May, 1960

J. Cridlan (captain) and D. Lagarowska, Won 2, Lost 1.
B. Williams and J. Siarey, Won 1. Lost 2.
C. Gladstone and R. Williams, Won 2, Lost 1.

Guy's 1st VI v. St. Bartholomew's 1st VI

Result : Won 6 matches to 3.

Wednesday, 18th May, 1960

J. Cridlan and D. Lagarowska, Won 3.
B. Williams and J. Siarey, Lost 2, Won 1.
M. Abel and R. Williams, Lost 1, Won 2.

Guy's 1st VI v. Dartford Physical Training College 4th team

Result : Dartford won 7 matches to 2.

Saturday, May 21st, 1960.

J. Craig snd P. Cave, Won 1, Lost 2.
J. Hall and B. Williams, Won 1, Lost 2.
F. MacGregor and D. Grant, Won 0, Lost 3.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Full-time Assistant to the Head of the Department of Dental Prosthetics.** Salary in the scale £1,150 x £100 to £1,750 per annum, according to qualifications and experience, with superannuation and Family Allowance. The appointment will be for a period of one year in the first instance, and date from 1st October, 1960. Application should be made on a form, to be obtained from the Dean, Guy's Hospital Medical School, London Bridge, London, S.E.1, not later than **Wednesday, 29th June, 1960.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st July, 1960. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by 11th June, to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

APPOINTMENT

Mr. Ronald W. Willcocks, F.D.S., B.D.S., D.Orth., has been appointed Consultant Orthodontist to the North-East Metropolitan Regional Hospital Board for the new Regional Orthodontic Centre at Whipps Cross Hospital.

GUY'S HOSPITAL

HOUSE APPOINTMENTS

1ST JUNE, 1960

Assistant House Surgeons

To :

Mr. Blackburn — Mr. B. Batten
Mr. Lawrie — Mr. R. D. Hill

Appointed for six months, the first 3 *as A.H.S.*

Mr. Glover — Mr. R. G. Bury

3 *months*

Mr. Brain — Mr. C. C. Korvin

Appointed for six months, the first 3 *as A.H.S.*

Assistant House Physicians

To :

Dr. Douthwaite, Dr. Baker and Dr. Joiner } Mr. K. E. F. Hobbs

3 *months*

Dr. Boland, Dr. Houston and Professor Butterfield (Male Patients) } Mr. A. S. Cooper

Appointed for six months, the first 3 *as A.H.P.*

Dr. Mann, Dr. Kauntze and Professor Butterfield (Female Patients) } Mr. K. E. E. Hubble

Appointed for six months, the first 3 *as A.H.P.*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. } Mr. A. S. Horner

Appointed for six months, the first 3 *as A.H.P.*

Casualty Officers

Mr. D. J. Fishlock, Mr. D. R. Harvey, Mr. M. I. S. Keir, Mr. D. A. Reynolds, Mr. J. R. R. Spurrell } 3 *months*

House Surgeons

To :

Mr. Massie — Mr. J. M. Dawson
3 *months*

Mr. Eckhoff — Mr. D. N. Landon
6 *months*

Mr. Atkins — Mr. J. J. Maher
3 *months*

Mr. Wass — Mr. J. A. Dyde
6 *months*

House Physicians

To :

Dr. Douthwaite, Dr. Baker and Dr. Joiner } Miss M. R. H. Webb
3 *months*

Dr. Boland, Dr. Houston and Professor Butterfield (Male Patients) } Mr. D. Denis-Smith
3 *months*

Dr. Mann, Dr. Kauntze and Professor Butterfield (Female Patients) } Mr. G. M. Preston
6 *months*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. } Mr. E. K. M. Smith
6 *months*

Resident Obstetricians

1.1.60—30. 6.60 — Mr. R. G. Hornung
1.3.60—31. 8.60 — Mr. I. G. Chisholm
1.5.60—31.10.60 — Mr. C. J. Hunter-Craig
1.7.60—31.12.60 — Mr. J. A. Wall

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Mr. J. D. Lloyd-Still — 6 *months*
Mr. J. B. Gritton — 6 *months*

Throat and Ear and Ophthalmic House Surgeons

Mr. R. K. Innes

3 *months at Guy's followed by* 3 *months at New Cross*

Mr. K. I. Mackenzie

3 *months at New Cross*

Dermatological House Physician

1.5.60—31.10.60 — Miss N. Bogdan

Neurological House Physician

Mr. J. S. Cameron — 3 *months*

Genito-Urinary House Surgeon

Mr. D. N. E. Myers — 6 *months*

House Surgeon to the Thoracic Unit

Mr. B. A. Ross — 6 *months*

Children's House Physicians

Mr. D. A. Wright — 3 *months*
Mr. C. J. Rowland — 6 *months*

House Physicians in the Department of Experimental Medicine and Resident Junior Clinical Pathologists

Mr. B. S. Meldrum — 3 *months*
Mr. J. D. Wonham — 6 *months*

R.M.Os. in Nuffield House

1.1.60—30. 6.60 — Miss A. T. Piesowicz
1.6.60—30.11.60 — Mr. R. B. Huddy
1.7.60—31.12.60 — Vacant

House Physicians in the York Clinic

1.4.60—30.9.60 — Mr. I. G. Christie
1.4.60—30.9.60 — Mr. S. Gold

Resident Anaesthetists

1.3.60—31. 8.60 — Mr. S. R. Williams (S.H.O.)
1.3.60—31. 8.60 — Mr. J. Hellewell
1.6.60—30.11.60 — Mr. J. A. Clement (S.H.O. New Cross)
1.6.60—30.11.60 — Mr. J. C. Bull

BECKENHAM HOSPITAL

House Physician

Mr. R. S. Terry

House Surgeon

Miss S. R. Greenwood

JOYCE GREEN HOSPITAL

House Physician

Mr. S. M. Patient

LEWISHAM HOSPITAL

House Physician

Mr. G. P. Coleman

House Surgeon

Mr. J. S. Brewer

House Surgeon (Orthopaedic)

Mr. H. M. Clink

NEW CROSS HOSPITAL

House Physician

Vacancy filled locally

House Surgeon

Mr. I. F. Macrae

ORPINGTON HOSPITAL

House Surgeon (General Duties with Physical Medicine)

Mr. M. S. Wirk

House Surgeon (General Duties with E.N.T.)

Miss M. E. Cash

PEMBURY HOSPITAL

House Surgeon

Mr. J. P. Norman

House Surgeon (Orthopaedic)

Mr. C. W. Jamieson

ST. OLAVE'S HOSPITAL

House Surgeons

Mr. S. McHardy-Young — Mr. J. F. Murray

PASS LIST

UNIVERSITY OF LONDON

M.D.

P. O'Gorman

M.S.

May, 1960

F. G. Ellis

Third (M.B., B.S.), Examination for Medical Degrees

April, 1960

Honours

D. R. Harvey (*Distinguished in Surgery*).

C. W. Jamieson (*Distinguished in Surgery*).

C. C. Korvin (*Distinguished in Obstetrics and Gynaecology*).

E. K. M. Smith (*Distinguished in Pathology and Surgery*).

Pass

M. L. A. B. Bancilhon
B. Batten
J. S. Brewer
J. P. B. Budgen
R. G. Bury
Margaret E. Cash
H. M. Clink
G. P. Coleman
A. S. Cooper
C. S. D. Crane
H. R. Davies
E. R. Dixon
G. J. M. Erwin
M. D. Farrar
J. B. Gritton
J. H. Hackwood
R. D. Hill
K. E. F. Hobbs
D. M. Holmes
A. S. Horner
K. E. E. Hubble
R-K. R. Innes
W. J. Jaworski
D. N. Landon
D. A. H. Langman
J. D. Lloyd-Still
Patricia M. McCormack
S. McHardy Young
I. F. Macrae
J. F. Murray
S. M. Patient
D. Pickering
G. M. Preston
L. M. Razavi
D. A. Reynolds
D. J. Smith
M. A. B. Sneary
R. S. Terry
P. M. J. Tombleson
M. S. Wirk
J. D. Wonham

Part I

M. K. V. Adalja
Jennifer Craig
P. G. J. Dobson
J. D. Eustace
Ann D. Fairclough
R. A. Forster
J. R. Mansfield
F. G. M. Musleh
J. F. O. A. I. Mustaffah
Jennifer P. Peebles
R. J. Rew
T. Sherwood
Ann Simpson

Part II

B. A. O. Binns
J. D. Eustace
D. J. Fishlock
R. H. MacKeith
T. G. Nash
J. R. Norman
Ann Simpson

Part III

B. A. O. Binns
I. T. Field
P. L. H. Vernon
D. E. Williams

Part IV

I. T. Field
D. J. Fishlock
J. R. Norman
J. B. Sales
Ann Simpson
P. L. H. Vernon

NURSING NEWS

Entered:

Sister D. Henderson to *School of Nursing.*
S.M C. Burton to *District.*
S/M J. Thexton to *District.*
S/N E. Alexander to *New Cross* (*Theatres*).
S/N S. Gibney to *Out-Patient Department.*
S/N B. Honeyball to *Wilks.*
S/N A. Pritchard to *Theatres.*
S/N A. Spooner to *New Cross* (5B).

Left :

S/M Walton, *District.*
S/N J. Jones, *Evelina.*
S/N D. Reid, *Evelina.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers *1s. extra.*

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

ACCOMMODATION

POSITANO (between Sorrento and Amalfi). Delightful villa overlooking sea. Room, bath, breakfast, dinner, service, equiv. 25/ incl. Write Amalia Cafiero, Positano, Prov. Salerno, Italy. Enquiries London. Tel. PRImrose 7598.

TO LET

VILLA MAJORCA. *September* £45. *Fully* equipped for 9 people. Beach, all mod. con. 10 miles from Palma. Box. No. 226.

REQUIRED

EXCELLENT OPPORTUNITY for recently qualified Guy's man to obtain secure position in established Dental Practice in Bedfordshire. Vacancy from beginning of July. Box No. 227.

FOR SALE

KORISKA MICROSCOPE. 4 objectives including 1/12 Leitz dark-ground condenser. £35. *Annesley, Barton Grange, Nailsworth,* Glos.

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage, Packing 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, **St. Thomas's Street, S.E.1.**

INDEX 1959 may be obtained free of charge, from the *Gazette* Office, or Wills Library—*Binding Cases 5s.*

BINDING. Have your *Gazettes* Bound 10/6*d.* per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Fulford, G. E. The Prevention of Tetanus. *Lancet*, 1960, i, 1121.

Jarman, Ronald. Anaesthesia in Aged Patients. *Med. Pr.*, 1960, **243**, 449.

Shuttleworth, C. W. and Gibbs, F. G. The Aetiological Significance of Candida albicans in Chronic Angular Cheilitis and its Treatment with Nystatin. *Brit. dent. J.*, 1960, **108**, 354.

Williams, P. L. and Wendell-Smith, C. P. The Use of Fixed and Stained Sections in Quantitative Studies of Peripheral Nerve. *Quart. J. micr. Sci.*, 1960, **101**, 43.

CHANGES OF ADDRESS

L. R. McLaren, F.R.C.S., Consultant Plastic Surgeon, Christie and Wythenshawe Hospitals, Manchester. Copthorne, 6, St. George's Avenue, Timperley, Altrincham, Cheshire. (Tel. Sale 4367). *Consulting Rooms:* 11, St. John Street, Manchester, 3. (Tel. Blackfriars 0724).

R. I. Muir, M.B., B.S., 200, Gossops Drive, Gossops Green, Crawley, Sussex. (Tel. Crawley 1620).

BIRTHS

BREESE.—On 18th May, 1960, at Holbeach, Lincolnshire, to Anne and James Breese, M.R.C.S., L.R.C.P., a son (William Richard), brother for Jeremy and David.

HAMILTON.—On 12th May, 1960 to Mary and Jim Hamilton, a daughter (Fiona Jane), a sister for Jenefer and Susan.

HERRING.—On 17th March, 1960, at Farnborough Hospital, Kent, to Evelyn (née Knaggs) and Brian Herring, a daughter (Jacqueline Sarah), a sister for Sandra.

MacKENZIE.—On 30th March, 1960, at St. Mary's Hospital, Leeds, to Doreen, wife of K. G. P. MacKenzie, M.B., B.Chir., of Stornoway, now of Bickleigh House, Bawtry, Yorks, a son and daughter (Alasdair and Victoria).

NICHOLSON.—On 27th April, 1960, at Queen Mary Maternity Home, to Patsy (née Dooley) and Thomas Wilson Nicholson, M.B., B.S., a daughter (Jill Elizabeth), a sister for James.

NICHOLSON.—On 8th May, 1960, to Dorothy Christine (née Clark), S.R.N., and Nigel Geoffrey Nicholson, M.B., B.S., a son (Ian Richard), brother for Penelope and Alan.

TUDDENHAM.—On 29th May, 1960, at Penrhyn Nursing Home, Gosport, to Jean (née Richards), S.R.N., and Surg. Lieut. H. Malcolm Tuddenham, R.N., a son (Stephen Guy).

MARRIAGE

TUCKER—ELLIOTT.—On 30th April, 1960, in Christchurch, New Zealand, Newton F. Tucker to Jean Elliott, S.R.N., S.C.M.

DEATH

FULLER.—On 18th May, 1960, suddenly, Harold John Fuller, M.R.C.S., L.R.C.P., of Wadhurst, beloved husband of Winifred, née Sheppard, S.R.N.

EDS. {D.N.L. S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1876 18*th June* 1960 *One Shilling*

PASSIM

THE possibility of deliberately weakening the Rugby fixture list has produced much controversy. There are those who consider that traditions must not be allowed to fade, and that the fixtures with the great clubs must be retained under all circumstances. Others, including several recent captains, think that the results of the last ten years indicate that the time is overdue when the Rugby Club should have a more realistic, weaker, fixture list. The problem was difficult, and a special sub-committee was set up to consider it. The committee inevitably reached a compromise decision, but it was a unanimous one, that the fixtures should be weakened to a small extent only.

Last week democracy asserted itself at the Annual General Meeting of the Rugby Club, and in the best Parliamentary manner the report of the experts was rejected.

It must be discouraging for the sub-committee (it would be difficult to find a committee with greater experience and love of Guy's Rugger), however, perhaps they will gain comfort from the fact that the meeting was very poorly attended, and the majority against them small. It is a triumph for the Traditionalists, who will be delighted to learn that they had unexpected support from many young Guy's players from the reserve teams.

There is no obvious reason why the results of the next decade should differ markedly from those of the last. Whatever the results, the fixture list will remain the same—until the opponents become bored.

We were delighted to read in the Birthday Honours List that Professor Rushton had been made a C.B.E.; but we were a little sad that the Press in referring to him as "Professor of Dental Medicine, London University" made no mention of his Hospital. At Guy's Professor Rushton is known to many more than the Dental School alone, and all will wish to join in congratulating him most warmly, as a man, as a Guy's Dental Surgeon, and if necessary as "Professor of Dental Medicine, London University".

We would like to welcome most warmly Miss Grace Florence Schofield who took up her appointment as Second Assistant Matron at Guy's on 7th June. Miss Schofield, who was trained at University College Hospital, has had considerable experience at her own Training School and has also gained the Diploma in Nursing Administration of the Royal College of Nursing. We wish her every success and happiness in her future life at Guy's.

Mr. H. J. B. Atkins has been appointed Sims' Commonwealth Travelling Professor for 1961. This award is made by the Sims' Committee and is open to all categories of consultant from the United Kingdom or any of the Dominions. The award is made in consultation with the Presidents of the appropriate Royal Colleges and Colleges within the Dominions, and usually these are given to a physician and a surgeon each year. This year for the first time, three awards have been made, to a physician, a surgeon and an anaesthetist ; the physician being Dr. Paul Wood of the National Heart Hospital, and the anaesthetist Professor Cecil Gray of Liverpool University.

When the awards are made, the recipient is instructed as to the countries in which he should travel. A Professor from Australia, for instance, would probably spend much of his time in the United Kingdom. This year, Professor Gray and Mr. Atkins will visit Australia and New Zealand; Dr. Paul Wood will visit Canada.

Sir Arthur Sims is a prominent New Zealand business man whose benefactions to medicine have been very generous and extensive. He has also endowed a Sims' Black Travelling Fellowship available only to gynaecologists and awarded last year to Mr. Blaikley.

We would like to congratulate D. J. N. Harrison, M.D., M.S., F.R.C.S., on his recent appointment to the Readership in Laryngology at the University of London, tenable at the Institute of Oto-laryngology Gray's Inn Road. The position of Reader has only recently been established and this is the first appointment to it.

We also congratulate Mr. J. S. Tomkinson on his recent election to the Council of the Royal College of Obstetricians and Gynaecologists as representative of the members.

With the fine summer weather has come the customary migration of most of the Guy's community into the Park at lunch time. Although the grass does become a little worn, the flowers are always a delight, and the Park is a very pleasant place in which to sit for an hour or two in the sun. We would like to echo most strongly the request of the Superintendent on another page that the usual rash of paper bags and tea cups should not be left on the lawns, and that litter of all kinds should be kept to a minimum.

The Surgical Exhibitions are often of high standard, and this month's reaches new heights with the new display on *The Jaw*. The diagrams are clear, the print larger, and the colour photographs excellent. The whole appearance and layout is worthy of The Design Centre. For some reason the specimens too seem better than usual, with one piece of mandible apparently resected from Debrett.

We believe that Mr. Lawrie, Miss Treadgold and the Department of Illustration are largely responsible for these exhibitions, but to all who have helped to create this month's delightfully attractive opportunity for painless learning, we say Thank you.

It is a common place that Guy's men are ubiquitous, Guy's women would seem to be so too. Miss R. Brayford and Miss K. Hopkins, who were granted a year's study leave so that they might gain experience at the Montreal General Hospital, have now had their leave extended and intend to go on to Vancouver before returning to Guy's in August of 1961.

Miss Audrey Long, at present on study leave in Minnesota, intends to go on from there to New Zealand for a year, and will return to this country in 1961. Miss Elizabeth Howard-Allen, also apparently indefatigable, is now in Nairobi having travelled two thousand miles across Tanganyika by car. She expects to return to England by Christmas time.

"And about time too" will be the comment of most Guy's men on learning that Guy's has at last wrested the Inter-Hospital Tug-of-War Championship from St. Thomas's. They will need a great deal of "Tug" to retain it for as long as St. Thomas's record of eleven consecutive victories.

GUY'S DIARY

JUNE			Exhibition. *The Jaw.*
20th	M	1.00	Dr. Baker. Clinical Lecture. *Heredity in Heart Disease.*
21st	T	1.00	Mr. Atkins. Clinical Lecture.
21st	T	1.00	Mr. Mansie. Dental Lecture. *Not in the Book.*
24th	F	1.00	Dr. Kauntze. Clinical Lecture. *Coronary Thrombosis.*
25th	S	10.00	Clinico-Pathological Meeting in the Clinical Theatre.
27th	M	1.00	Dr. Moynahan. Clinical Lecture. *Birth Marks and their Management.*
28th	T	1.00	Mr. Blackburn. Clinical Lecture. *Thyrotoxicosis.*
30th	Th	1.00	Mr. Lawrie. Clinical Lecture. *Surgical Aspects of Typhoid Fever.*
JULY			
1st	F	1.00	Professor Butterfield. Clinical Lecture. *The Biological Implications of Atomic Energy.*
4th	M	1.00	Mr. Tomkinson. Clinical Lecture.

NOTICES

GUY'S HOSPITAL PHOTOGRAPHIC SOCIETY

The Annual Photographic Exhibition and Competition will be held in the Gordon Museum from 20th June to 1st July. We hope that as many people as possible will come along.

M. M. WALKER, Hon. Sec.

TRAINED STAFF VACANCIES ON THE NURSING ESTABLISHMENT

With the opening of New Guy's House an increase of trained staff to the Nursing Establishment will be required and the following vacancies are available:

Guy's Hospital

Theatre Sister and Staff Nurse, Main Theatres.

Day and Night Staff Nurses, Nuffield House.

Staff Nurse for the new Radiotherapy department, 36 hours a week.

Staff Nurses, Surgical Wards, New Guy's House.

New Cross Hospital, Guy's Unit

Experienced Theatre Sister and Staff Nurse.

Staff Nurse for the Orthopædic Ward, S.R.N. and Orthopædic Diploma essential.

J. ADDISON, *Matron.*

PRESENTATION TO DR. E. J. CRISP

The Physical Medicine and Physiotherapy staff gave a cocktail party on 9th June, to mark the occasion of the retirement of Dr. Crisp, Consultant in Physical Medicine and Director of the Physiotherapy Department and School. During the course of the evening he was presented with a pair of gold cuff links engraved with his initials and the Guy's Crest. On the previous day the physiotherapy students had presented him with a table lighter.

Sixty Years Ago

(*From Passim, 23rd June, 1900*)

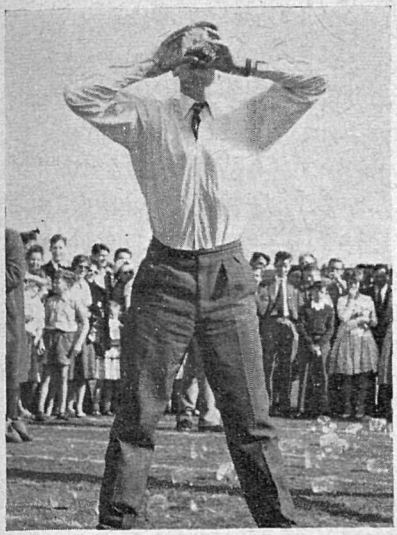
In the forthcoming election to fill four vacant seats on the Council of the Royal College of Surgeons, Mr. Clement Lucas and Mr. Golding-Bird are both candidates. It will be unnecessary to suggest to Guy's men how they should vote on this occasion.

★ ★ ★

VAPOUR BATHS FOR HOME USE

(*From a compendium of Household notions. 2nd edition, circa* 1890).

"Envelop the patient in blankets, which must be closely fastened around the neck, leaving the head exposed. Set the patient on a chair and place under the chair a basin with half a pint of whisky or gin, and ignite it. The blankets should be lapped over each other, enveloping the whole and closed to the floor by other blankets as much as possible. In a very few minutes the patient will perspire profusely; then put to bed between warm blankets."



An anonymous alcoholic

The attendants on the whole were tactful, avoiding the obvious complacency that comes from the knowledge that their particular competition is impossible and that the prize will not be won. Though the organizer of the golf ball pitching, into three distant tubs from which anything was certain to bounce out, was a bit too helpful with his "Oh, what Bad Luck—Jolly Good Try— Oh I say, Unlucky."

There were hydrogen balloons to let off, and a strong breeze to carry them. The children were naturally reluctant to let go, and tragedy nearly struck when Barnaby Tomkinson, red pants and all, was within a puff of being carried off by a sudden gust in the direction of Folkestone.

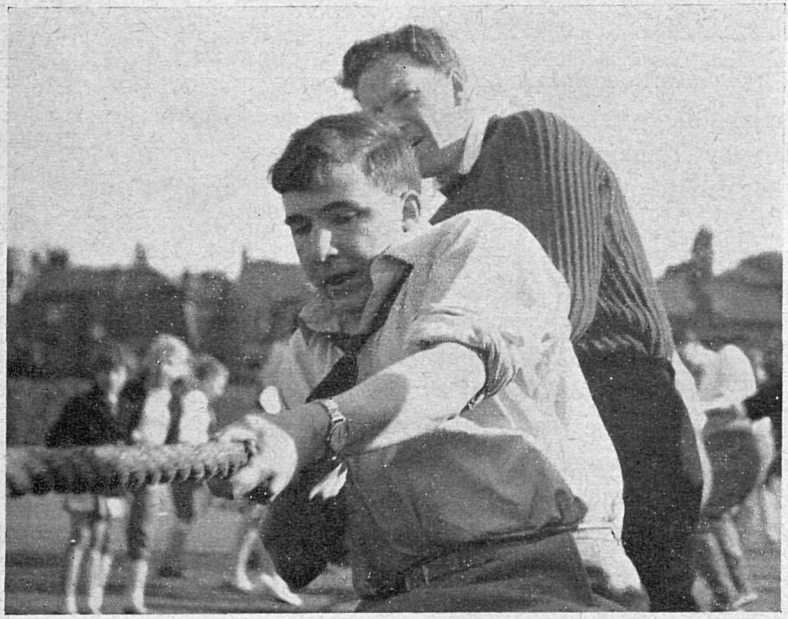
The Houseman's Hundred was won by Miss Mary Webb, or rather she was won, half carried along by Dawson and Rowland. This was not as chivalrous as it seemed, for it was well known that Miss Webb was the only competitor who would donate the bottle of whisky prize to the Resident's room. Later Miss Webb had a real chance to show a clean pair of heels and a lot of billowing skirts, when she glided round the track as one of the Resident's relay team. In spite of her running, and the rest of the Resident's rugger tackling of other teams, the Centennial Claspers won. Miss Webb had run like a true temperance advertisement, but the crowd went on drinking just the same. That was the trouble, everything seemed to be happening at the same time, without much notice being taken of it. As the loudspeaker relayed *Why must I be a teenager in love*, perspiring milers trundled round, consultants spent generously, children ate ice cream, and a sartorially splendid Hopkins threw 6 balls at a great pile of cans ten feet in front of him and missed with every one.

The races were not easy to follow, but it seemed that Waters was winning all events. Then there was Boothby, who was everywhere—

behind the coconuts, running in the mile, talking to Mr. Eckhoff, in the half-mile, organizing, and in fact in just about every event except the children's sack race.

The Beer race, as popular as ever, had at least eight official teams but the spectators too were drinking beer in sympathy. It was to most people's delight that the race was won not by the Tankards but by Norfolk Mansions. The Dentists, with vast experience of difficult extractions, found it very easy against the Medicals in the Tug-of-War, in spite of the presence of a few well known medical heavy-weights (see picture). These were the last events. The prizes were presented by Mrs. Eckhoff and the day was over. Perhaps next year there will be more people there, there might even be some nurses. They would enjoy it; so would the men.

M.



'Buster' Richards in an essential role

(Photographs by Martin Walker)

OBITER DICTUM

DR. DONALD HUNTER :

"WHAT, You've never been down a sewer ! I'll have to talk to Bo and get him busy".

Return to Full Function

by

Roy Webb

(*General Practitioner, Ipswich*)

How do we "Cure Our Patients ?" What does "Cure" mean ? Is enough accent laid upon all aspects of "Cure" in the Medical Schools ? Do we who have been practising for some years always cure our patients in the full sense of the word ?

I do not think it does us any harm to consider this aspect of our work, for to cure means to cause the patient to return to full function. Cure is active not passive. It is not sufficient to make a diagnosis, institute the requisite treatment, allow the efflux of the recognised time for a given disorder and then regard the patient as cured, though many will be.

Patients are of three main types in order of frequency :

1) Those who will conscientiously do their best to return to full function after an injury or illness, given some indication of the time this will take.

2) Those who need to be exhorted to return to full function for a variety of reasons—pure laziness, uncertainty and compensationitis, to quote some.

3) Those who insist on returning to full function before they are ready for it.

Methods of "Cure".

1. Time.

The natural history of many diseases is such that cure is effected simply and solely by nature's unaided reaction to a disease process. The doctor watches this process, awaits any departure from the normal course, gives the patient a prognosis and takes the credit for the cure. In many, many cases this is all that the doctor should do, all that is necessary or right. I think it quite wrong to interfere by drugs with a disease we know to be amenable to the natural reactions of the patient, *e.g.*, there are those infections which should be left to run their course without any treatment with its attendant risks. This regime allows the body to build its own resistance to future infections.

2. Prognostication.

There are many conditions whose course the doctor cannot influence and his duty is to make things tolerable for the patient and give him or her a prognosis. Here I come to another method of cure which I will call *Prognostication*. Tell the patient he will be cured in a specific time and he will expect cure. This will be 90 per cent. of the battle. It will assist the type 1 patient, make the type 2 patient think, and curb the impatience of type 3. In some cases full return to function will be unlikely, but a prognosis should be given if possible. Prognostication is a method of cure because it gives the patient confidence (a) that the doctor

knows what he is doing and (b) the patient feels that he can leave himself in the doctor's hands. These remarks obviously apply to cases where cure is likely and not to the patient dying of cancer.

I have placed Time and Prognostication before other methods of cure because in all diseases and disorders we see in general practice we use them every time (or should do). A positive approach to the patient does him good and goads him into better spirits. "You will get better" is better than "Let us wait and see".

3. The Doctor's Personality.

Well of course, some of us are hated by some patients because we may be too hearty, or too miserable, too haughty or too familiar. Each doctor to his own patient and vice versa, but the doctor must have "Personality" to put himself over; there is nothing less curative than an indefinite hesitating or unsure attitude. Sometimes the doctor will be wrong and have to eat his words. This is quite easy if he is wrong a sufficient number of times to be practised in the art of explaining his mistakes, but he will learn the more to give correct advice if he uses the courage of his convictions and thinks well before committing himself. 'He who has no convictions will cease to think'.

4. Therapy.

(*a*) "*Physic*" *in all its forms.*

Every drug is, potentially, a Two Edged Sword. Don't prescribe without clear cut indications. It is not the purpose of this paper to say more than that on the subject.

(*b*) *Surgery.*

I often wonder if we don't submit our patients to the knife too readily, especially during later stages of life.

(c) *Physiotherapy.*

This is a subject which is not taught in medical schools and one about which one learns absolutely nothing, unless one is interested in a Physiotherapist ! This branch of Therapy covers Rehabilitation in all its aspects; the localisation of acute inflammation by application of heat; the treatment of paralysis of various types and the mobilisation of stiff joints. In short, it is the main method of therapy for skeletal conditions. The majority of lay and too many medical people associate Physiotherapy with massage and sparks, all branches of our profession would do well to learn of the proper application of this branch of therapy.

(d) *X-rays* (*Therapeutic*) *and Treatment by Radioactive Substances.*

Hitherto a last ditch treatment, but the future holds much in this field.

(e) *Psychotherapy.*

Much of this method of treatment is embodied in Prognostication and the Doctor's Personality, but we all, to a greater or a lesser degree, apply this treatment in our daily round. Like Physiotherapy, we need to be taught much more in the Medical School.

This paper may well be criticised for pointing out the 'obvious' but, just as the adage "Common things commonly occur" applies to diagnosis, so "Be clear cut to cure" applies to treatment.

My bridge is set, the teeth are neat,
My dental work is now complete,
And yet I must confess the truth,
That only God can make a tooth.

B. MACHADO.

CORRESPONDENCE

Letters to the Editor of the Gazette

From the Superintendent

SIR,—In the present fine weather great use is made of the lawns in the Park and many take a picnic lunch sitting on them. Every evening there is considerable litter, due to paper bags, cigarette cartons and other bits of paper left lying on the grass. In addition it is very common to find two or three cups which have not been returned to the Shop.

Last year this littering of the Park became very bad indeed by the end of the Summer and I hope that, through the *Gazette*, I can persuade everyone concerned to keep the Park tidy this year. It looks so beautiful and is so carefully looked after, that many must feel as I do that it is a great shame if everybody does not combine to keep it attractive.

Yours etc.,

J. B. BLAIKLEY,

Superintendent.

Guy's Hospital, S.E.1.

From Professor Roger Warwick

SIR,—May I thank, through you, all members of the Innominate Club for the handsome chair which they recently gave to this department in memory of 'Doc' Hancock, Dissecting Room Attendant in Anatomy from 1890 to 1926. I am sure that this presentation will receive mention elsewhere in your pages, and I need, therefore, merely record here the pleasure and approval which this gift has aroused in all members of the Department of Anatomy. The chair will be the 'seat of honour' in our library for many years to come. We hope that the members of the Club, and indeed any of the legion of Guy's men who may remember this remarkable man with the affectionate respect which he so widely engendered, will find an opportunity of seeing this memorial gift in the department which he graced for so many years.

Yours etc.,

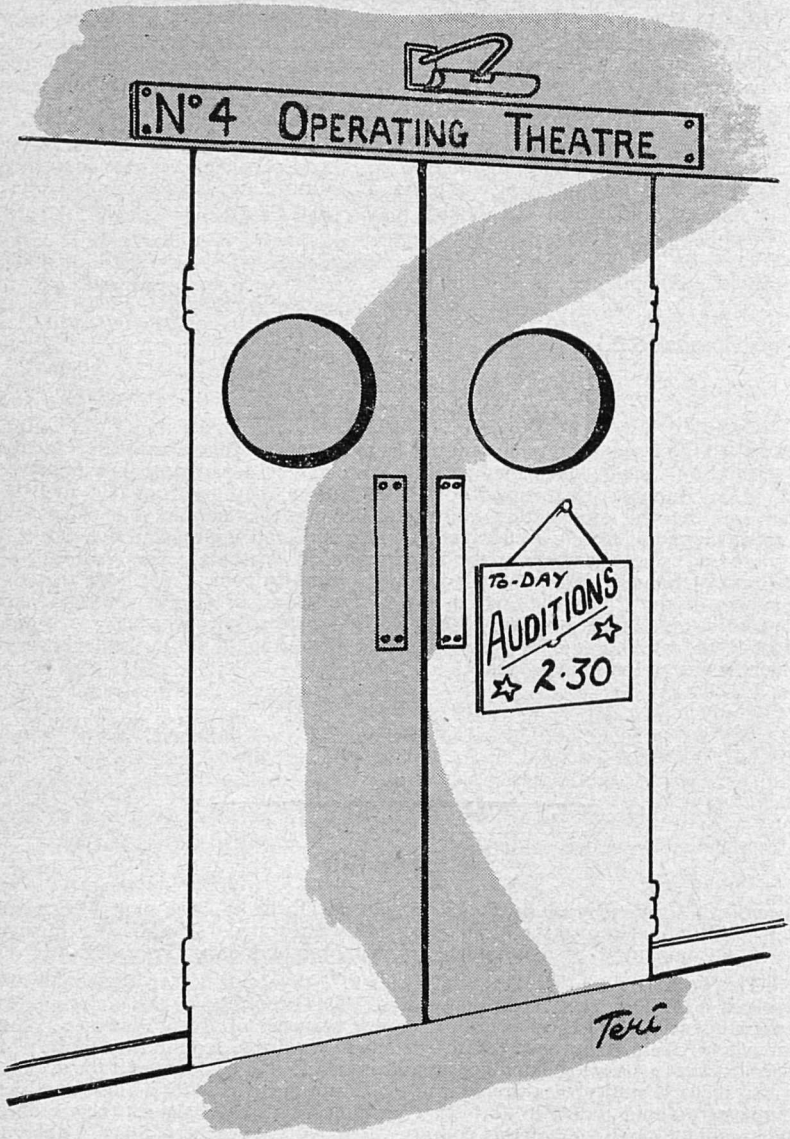
ROGER WARWICK.

Guy's Hospital, S.E.1.

REVIEWS

Synopsis of Gynaecology. By R. J. CROSSEN, M.D., D. W. BEACHAM, M.D., and W. D. BEACHAM, M.D. Pp. 340. Illustrated. The C. V. Mosby Company, St. Louis and Henry Kimpton, London. *Price* 48*s*. 6*d*.

This book is more than the usual "Aids to", "Synopsis of" or "Essentials of" or other cram book familiar to the student. This according to the preface is for those students "who expect to follow distant branches of the profession . . . but (for whom) there is no need for the detailed knowledge required by those who expect to treat gynæcologic or allied conditions". It is to be doubted if the average British medical student has decided on his future niche as early as his American counterpart would appear to do. This book must be judged against the standard undergraduate textbooks of this country, such as Ten Teachers, Shaw, Gibberd, to mention a few. The different American approach to medicine is at once apparent. Over 140 pages are devoted to anatomy, physiology, history taking, clinical and other examinations and investigations, in a manner which would do credit to many larger tomes and which could with profit be studied by many candidates for higher examinations. The fallibility of both clinical examination and laboratory investigation is stressed while most useful sections on differential diagnosis, together with allied surgical conditions add to the value of the book.


N°4 OPERATING THEATRE
TO-DAY
AUDITIONS
2·30
Teri

A surprising omission is any adequate description of the lymphatic drainage of the female pelvis—even in the sections on carcinoma of the cervix and of the vulva. The use of unfamiliar proprietary names of American products makes the value of recommended treatment less to the non-American reader as does the frequent use of abbreviations and initials (*e.g.* P.B.I.) which to me stands for only one thing. The recommended treatment for infective vaginitis is likely to produce many recurrent and resistant infections.

The chapter on malignant disease of the uterus is good though the omission of post menopausal bleeding as a cardinal symptom is startling. The figures quoted for cure rates are quite useless being given as 3 to 7 year corrected salvage rates which does not conform to the usual 5 yearly periods at other centres, and no mention is made of the results from the Radiumhemmet at Stockholm.

Though I would differ with the authors on several details of treatment in this book, by and large it is a sound textbook and is eminently suitable for those for whom it is directed. The bibliography is vast for so small a book but again is of limited value as practically all references are to American literature some of it from the backwoods. The paper and binding are good ; the illustrations clear and pertinent though the price is a little high for a British student's pocket.

C.M.F.

Body Fluids in Surgery. By A. W. WILKINSON, Ch.M., F.R.C.S., F.R.C.S.E. 2nd Edition, 1960. Messrs. E. & S. Livingstone Ltd., Edinburgh. *Price* 21*s*. 0*d*.

The second edition of Professor Wilkinson's book will consolidate its excellent reputation as a clear guide to the solution of metabolic problems in surgical patients. There are good accounts of the body fluids and electrolytes and an enviably clear description of acid-base balance. Management is well and practically discussed and it is this that makes it so valuable to housemen and surgeons in training. Students will find a great deal of general interest that cannot fail to help them in examinations and in their first posts after qualification.

Aldosterone and other recent discoveries and advances are discussed and the text is absolutely up to date. There are, of course, some imperfections and matters of disagreement which are emphasized by Professor Wilkinson's dogmatic style. He gives a rather glowing account of the place of intravenous fat suspensions in clinical practice. Theorectically these are, of course, of great value because of their very high calorific value. Unfortunately, the reviewer has had less success in their use, most patients having promptly welcomed the infusion with brisk rigors. A more fundamental criticism is of the section on burns where a good theoretical consideration is marred by the lack of any guide to the actual calculation of replacement therapy in severely burned patients. A great opportunity has been missed here and it is to be hoped that the next edition will contain more specific advice. Controversy is sought again in the discussion of post-operative fluid replacement after major operations on the alimentary tract. Dogmatically, he refutes the place of routine intravenous infusions after, for instance, a gastrectomy. A broader picture should be given as not all his readers will agree with this dogma and there are many who do not hold with the view that a little depletion is good for patients. It seems reasonable in most patients that fluid losses and failures of intake can be controlled by planned infusion at the time.

Good fluid balance charts are essential in some surgical patients—and the author rightly stresses that these should be kept primarily to help the Surgeon and not just the nursing staff. He might well have put forward the view that the imperial system can have no place in present day balances. The universal adoption of the metric system is long overdue, for ounces and pints cannot help in calculations based on body and electrolyte values expressed in milliequivalents (instead of as scruples per gallon).

Altogether this is a very good book which cannot fail to help readers. If this reviewer criticizes some details, he cannot fail to recommend the book warmly to undergraduate and postgraduate readers.

P.S.B.

Textbook of Oral Surgery. By GUSTAV O. KRUGER. The C.U. Mosby Co., St. Louis. Henry Kimpton, London. *Price 95s.*

There are twenty-five contributors to this fine book on Oral Surgery. It is based on a comprehensive course of lectures given to senior dental students in the United States as recommended by the American Association of Dental Schools. The book is well produced with clear text, and photographs of high standard, but a few X-ray reproductions could be clearer.

The first quarter of the book describes basic surgical techniques, infection and hæmorrhage. Conduct and methods in the operating theatre, materials and instruments used are fully discussed.

To pick out the best in this book is difficult, although the chapter on Jaw Fractures by the Editor is excellent. Developmental abnormalities of the mouth, face and jaws are well described and illustrated in several chapters.

This book can be recommended without hesitation to senior dental students and junior dental surgeons. Much of this book will also be of value to those studying for the Final F.R.C.S.

R.G.B.

Hypnosis in General Dental Practice. By THOMAS W. FROST, L.D.S. Published by Henry Kimpton, London. *Price 21s. net.*

This book deals almost entirely with the Dental aspects of hypnosis. The author emphasises in his preface that a dentist interested in hypnosis should attend a course of instruction, given by some Society or Body which is competent to supply his requirements, and the book is intended to give help and guidance to those who have attended such a course.

The uses of hypnosis in dentistry from Relaxation to the Control of bleeding are analysed, and it is stated that: "The use of hypnosis in helping the nervous patient is by far the commonest application of it's use in General Dental Practice." It is only in about 20-25 per cent. of cases that complete hypnotic analgesia is obtained.

Detailed chapters on the Induction of hypnosis, deepening the hypnotic trance, and the various techniques which can be employed in General dental practice, occupy most of the book. However, these chapters leave the reader with the impression that the subject of hypnosis is extremely simple, and can readily be used by most dentists on the majority of their patients. Difficulties and complications likely to be encountered are hardly mentioned.

The author suggests that the time has come, when Dental Students should receive a short course of lectures on the Psychological approach to dentistry, and these should include a grounding in the use of suggestion and hypnosis. It is again stressed that adequate qualified instruction should be obtained before practicing hypnosis.

This book is recommended to those interested in Dental hypnotism, and Dental Students will find much of value regarding the Psychological approach to patients, or the "Chairside manner."

A.H.R.R.

The Sea My Surgery. By DR. JOSEPH B. MAGUIRE. Pan Books Ltd. *Price 2s. 6d.*

A life as Physician in eighteen ships including the two Queens, both in peace and during the terrifying years of war. In peace, life seems to be one long round of social functions interspersed by the most unfortunate illnesses occurring at frightfully inconvenient moments to most illustrious guests, to which the Physician has either some cure, or the poor unfortunates die. Only during the war years do we get off this basically superficial plane and at times we are quite gripped by true bravery and courage and the extremes of war. Apart from these all too brief glimpses of life in the raw, the story is superficially told as over a pint or two of beer.

It is chatty and would make a wonderful bed-time story as long as the listener was not too critical and fairly sleepy, which even if he wasn't to begin with, he certainly would be before the end.

M.R.

Textbook of Otolaryngology. By DEWEESE and SAUNDERS. C. V. Mosby & Co. Pp. 464. *Price* 65*s.*

This American textbook is designed primarily for the Undergraduate and General Practitioner but is eminently suitable as an introduction for those about to enter the specialty.

It is in my opinion an excellent publication and certainly the best that I have had the opportunity of reading. Not only are the type, paper and illustrations of the highest quality but the text is unusually clear, well balanced and largely in keeping with the teaching in this country.

Separate chapters are devoted to lesions of the oral cavity, speech disorders and the salivary glands . . . topics usually lightly treated in similar textbooks. Typographical errors are commendably low and in fact only three were found, on page 322 steam instead of stream would suggest an unusually traumatic method of removing wax from the ears.

It is necessary, however, to comment on certain errors and omissions in the text, these being more noticeable and regretable in that they tend to spoil an otherwise perfect production.

The entire sensory supply to the larynx is said on several occasions to come from the internal branch of the superior laryngeal nerve, no mention is made of the contribution from the recurrent laryngeal nerve via the Loop of Galen.

The views expressed as to the ætiology of congenital laryngeal stridor are completely out of date with present day views and are misleading.

In the section on Juvenile papillomas the inference is that the condition only exists in boys . . . this is of course incorrect, and the Treacher Collins Syndrome is not merely atresia of the external auditory meatus with absence of the pinna, as is stated on page 367.

These minor errors are mentioned for the sake of completeness and are certainly far fewer than the majority of textbooks reviewed. This is without any doubt a very good book and must be thoroughly recommended, at 65*s.* it is expensive but good value.

D.F.N.H.

Outline of Histology. By M. M. HOSKINS and G. BEVELANDER. Fourth edition. St. Louis : The C.V. Mosby Co. Pp. 323. *Price* £1 16*s.* 0*d.*

This book consists of 215 drawings of histological material with brief notes on the tissues or organs under survey and is interleaved with blank pages for the student's own notes. It is divided into two sections. Roughly two-thirds of it is devoted to General Histology and one-third to Dental Histology and Embryology. The general lay-out of the book would suggest that it was originally designed for teaching in a particular institution and this alone makes it difficult to adapt for use in a different institution.

Such a book as this stands or falls by its illustrations. With the exception of a few photographs the illustrations are all drawings. Many of them are very good but all too many fall short of this standard and the reproduction of illustrations from other texts is often shockingly bad. The notes are very brief—often so brief as to be virtually useless and not infrequently they contain errors of fact. For some unknown reason the eye and the ear are not included in the organs of the body. The reviewer cannot recommend this book to the general student.

G.A.T.

A Short History of Nursing. By W. R. BETT, M.R.C.S., L.R.C.P., F.S.A. 1st edition. Faber & Faber Ltd. *Price* 12*s.* 6*d.*

In one hundred and three pages of a very versatile readable chronicle, Dr. Bett describes the history of nursing from the time of Rameses II, about 1250 B.C. to its ever widening field today; and even includes accounts of the histories of the various nursing services of the armed forces; of district nursing; of decorations awarded to nurses; of the uniforms worn by nurses ; of the food and beer allowances given to nurses; of the tools used by nurses during their work and the various periodicals published for the nursing profession. It is a book which nurses, the would-be nurse and all those who are interested in nursing should read and will really enjoy.

R.M.B.

Doctors' Commons. By PAUL VAUGHAN. Published by Heinemann, London. Pp. 241. *Price* 18*s.*

"Inside every doctor there is an idealist clamouring to be let out", begins this Short History of the British Medical Association, and it makes oddly fascinating reading. The beginning of the Association in the West Country as a protest against the 'rush of everything that is a little better than common toward London' is sympathetic, even though the Association inevitably followed the main road later. Early battles with the Poor Law evils throw interesting light on contemporary medicine and practice, when vacant posts were put up for tender, and a Grand National Board of Health was foreseen, one hundred years ago. Another foe turns out to be the Archbishop of Canterbury, empowered for some reason to grant medical qualifications. The Patent Medicine racket ("Lady Montrose's Miracle Female Tabules") required a longer struggle before it was put down—I particularly liked the advertisement for the "Only Patent Nose Machine in the World, scientific yet simple, can be worn during sleep. Send stamped envelope."

Fine photographs of gentlemen in excellent beard accompany the account of the Associations bloody and thunderous early history. Of the greatest interest is the story of the statues Epstein made for the building in the Strand. These, a "Public Indecency" (The National Vigilance Association), were carved *in situ* on the facade by Epstein, whom the B.M.A. valiantly supported in the public outcry and entertainment following. Their very strangely unforeseen decay led in the 1930's to their mutilation to prevent bits from falling into the street below—in this state the remnants may still be seen on what is now Rhodesia House.

There is a good deal of fairly continuous praise in the middle pages, but the final chapters of the book dealing with the history and birth of the National Health Service are really well done, and to then school-boy readers rather exciting, with more last-ditch battles. The ending comes in an appropriately half-optimistic shade.

If you are sick of professional politics or tired of the B.M.A., this is your book—it weighs only one pound, and is quite clear about the B.M.A. never having been that clique in Tavistock Square, but an enlightened and progressive body of doctors, clamouring to be let out.

T.S.

SPORT

RUGBY

At the Annual General Meeting on 3rd June, the fixtures sub-committee (Mr. Atkins, Mr. Lewis, Dr. Stafford-Clark, A. Buirski, D. Biggs, B. Blackwell, T. English), recommended that the fixture list should be weakened to a slight extent. It was claimed that heavy defeats were bad for the Club, the players, and were poor publicity for Guy's. The proposed changes were based upon the results of the last 10 years. Their recommendations were rejected by a narrow majority.

The Dance Committee reported a financial profit, and it was decided to hold next December's dance again at Quaglino's, this time on a Thursday, in order to give members time to recover by the Saturday.

Mr. Atkins retired from the position of President and was elected a Vice-President. Mr. Batchelor, who played as a forward in many Guy's teams, including the 1930 cup-winning team, and who has been a Vice-President for several years was elected President. Dr. Hardwick was made a Vice-President. The new Secretary is Derek Biggs, with Ian Baker as Assistant Secretary. S. Bussell was elected Junior Team Secretary, and A. P. Buirski was re-elected Schools XV Secretary. As reported earlier, the Captain for next season is Terence English.

ROWING

(Summer Term)

1. Thames Ditton Regatta.

Guy's entered one crew in the junior division of this regatta held on a glorious 14th of May, near Hampton Court. Our VIII was drawn against Imperial College boat club in an early afternoon race.

The start was from stake boats and Guy's got away to a fine start, going up two places on their opponents. However, rating a few points higher, Imperial College slowly recovered and at the half distance were 1½ lengths up. This appeared to be too much for Guy's whose cohesion was unfortunately lost, and they were unable to hold a superior crew. The verdict was 3 lengths and the time 4 mins. 25 secs.

Crew :

Bow	M. Purnell.
2.	F. Schweitzer.
3	R. Rippon.
4	I. MacLennan.
5	C. Hawes.
6	R. Durance.
7	G. Nicholson.
Stroke	T. Peet.
Cox	M. Crowe.

---

2. University of London Allom Cup Regatta 21st May, 1960

In this event Guy's again entered one crew in the junior division and were again drawn against Imperial College. The course was from Kew railway bridge to Quintin Boat House.

Getting off to a good start Guy's went ahead by half a length and passing the University boat house this had been maintained. Rating this time two points higher than Imperial College our crew held their opponents and at the half distance there was nothing in it.

However, here Imperial College, making a very hard spurt, took ¼ of a length off our VIII and passing Quintin, where their supporters had amassed. They received a much needed cheer. They were able to draw away and win by ½ a length.

Incidentally Imperial College went on to win the event in an easy final.

Crew :

Bow	M. Purnell.
2	F. Schweitzer.
3	R. Rippon.
4	I. MacLennan.
5	C. Hawes.
6	R. Durance.
7	G. Nicholson.
Stroke	J. Axton.
Cox	M. Crowe.

---

3. United Hospitals' Bumping Races 23rd, 24th and 25th May, 1960

Owing to the Brighton walk held on the previous night the Gentlemen scratched from the event and Guy's entered one crew only.

As is usual with these races, on the first night, the gun went off when no one was ready. However, our VIII made the best of a bad job and rowed away in a very solid fashion gaining ½ to ¾ of a length on St. Thomas's in the first 40 strokes. Unfortunately this was not maintained and both crews rowed over. Behind our crew Westminster were caught by St. Mary's.

On the second night St. Mary's were starting behind us and, although we again got off to a good start, St. Thomas's were able to keep us away until St. Mary's bumped us after 1½ mins.

On the third night Guy's had a very poor row and Westminster, who were chasing, had little difficulty in catching us by the end of the third minute. Ahead of us, was a great tussle ended eventually when St. Mary's managed to bump St. Thomas's.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD AND GUY'S HOSPITAL

Applications are invited for an appointment as **whole-time Registrar in Anaesthetics** to fill a vacancy in the approved trainee establishment at the Bermondsey and Southwark group of hospitals for duties at New Cross General Hospital, Avonley Road, S.E.13, with the Guy's Hospital units from 1st October, 1960.

The appointment will be in accordance with the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales) and will be for one year in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **24th June, 1960.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st August, 1960. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **9th July, 1960,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

APPOINTMENTS

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Council

John Stanley Tomkinson has been elected to the Council as representative of the members.

Fellowship

The following have been admitted to the fellowship.

D. A. Davies F. L. E. H. Musgrove
D. W. James

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Primary Examination

P. J. Stiles

UNIVERSITY OF ADELAIDE

Doctor of Medicine

K. F. Anderson

ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

Membership

K. F. Anderson

NURSING NEWS

Entered :

Sister G. Schofield to *2nd Assistant Matron.*
Sister J. Summers to *Night Sister.*
Sister H. Cooper to *Theatres.*
S/N A. Carvell to *Nuffield B.*
S/N D. Howells to *William Gull.*
S/N S. Huntley to *Christopher.*
S/N C. Ryan to *Esther.*

Left :

S/M A. Molloy, *Victoria.*
S/N S. Croll, *Night Duty.*
S/N S. Donald, *New Cross.*
S/N O. Llewellyn, *Wilks.*
S/N A. Marsh, *Out-Patient Department.*
S/N C. Osman, *Nuffield C.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

REQUIRED

EXCELLENT OPPORTUNITY for recently qualified Guy's man to obtain secure position in established Dental Practice in Bedfordshire. Vacancy from beginning of July. Box No. 227.

FOR SALE

HISTORY OF GUY'S 1725-1948. Reduced to clear *5s.* each. Postage, Packing *2s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/*6d.* each. Coat of Arms 5/*6d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, **St. Thomas's Street, S.E.1.**

INDEX 1959 may be obtained free of charge, from the *Gazette* Office, or Wills Library—Binding Cases *5s.*

BINDING. Have your *Gazettes* Bound 10/*6d.* per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Close, H. G. and others. Abnormalities Involving the X Chromosome in Women. *Lancet*, 1960, i, 1213.

Douthwaite, A. H. The New Penicillins. With Special Reference to "Broxil". *Practitioner*, 1960, **184**, 793.

Luntz, George R. W. N. and another. New Stick Test for P.A.S. in Urine. *Brit. med. J.*, 1960, i, 1679.

Pentney, B. H. Small Ventral Hernias in Children. *Practitioner*, 1960, **184**, 779.

CHANGES OF ADDRESS

Guy Screech, L.M.C.C., 1524, Argyle Avenue, West Vancouver, British Columbia, Canada.

K. S. Sunaway, L.D.S., 17, Constitution Hill, Ipswich, Suffolk. (Tel. Ipswich 53443).

BIRTHS

ASHKEN.—On 4th June, 1960, at B.M.H. Kamunting, Taiping, Perak, to Iris (née Platt), M.B., B.S., and Michael Ashken, F.R.C.S., a son (Ian Guy), brother for Sharon.

BARTLEY.—On 28th May, 1960, at Good Samaritan Hospital, Cincinnati, Ohio, to Daphne (née Hewitt), S.R.N., and Vernon H. Bartley, M.B., B.S., a daughter (Heather Jane), sister for Janet Susan.

BULLARD.—On 19th April, 1960, at the Rosetown Union Hospital, Rosetown, Sask., Canada, to Dr. and Mrs. J. A. Bullard, a daughter (Janet), sister for Michael and Wayne.

HAAS.—On 1st June, 1960, at the London Hospital, to Ilse (née Philippsohn), wife of Leonard Haas, M.D., M.R.C.P., a daughter (Elizabeth Eva Katherine), sister for Richard.

ILLINGWORTH.—On 26th May, 1960, at East Knoyle, to Eileen (née Walker), M.S.R., and John B. Illingworth, M.B., B.S., a son (Peter Guy).

LIEBLING.—On 22nd May, 1960, to Jean (née Sandison), M.B., B.S., and Peter Liebling, M.B., B.Chir., of 115, Talbot Road, Bournemouth, a son (Simon Forbes).

RICE.—On 25th May, 1960, at Frimley Hospital, to Margaret (née Lawrence) and Vernon Rice, L.D.S., a son (John), brother for Penelope.

SUNAWAY.—On 7th May, 1960, at Ipswich, Suffolk, to Jill and Keith Sunaway, L.D.S., a daughter (Sara Jane), a sister for Nicola and Andrew.

MARRIAGES

LIGHTFOOT—BEECH.—On 23rd April, 1960, at St. John's Church, West Wickham, Kent, Martin John Lightfoot, L.D.S., to Madeleine Beech, M.C.S.P.

MEYRICK—CARLTON.—On 10th June, 1960, at St. Andrew's Church, Farnham, Hants., Jeremy Stewart Meyrick to Elizabeth Jean Carlton, S.R.N., S.C.M.

EDS. { D.N.L. S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1877 *2nd July* 1960 *One Shilling*

PASSIM

THE Ivy-League jackets, the tie clips, the brush-cut hair styles and the nylon shirts with button down collars about the Park tell us that the annual invasion of American clinical students has begun.

This year over twenty of them will be visiting us during the Summer, including a genuine Texan (Theatre Club members wishing to perfect the Middle-West accent should get in touch immediately). To all we extend a hearty welcome. We are always glad to see them, and whilst we may be rather envious of their being able to afford to visit us for three months, we never fail to appreciate the delightful way in which they tend, whilst they are with us, to slip across to Paris for the week ends.

Some of them are living in the hostels; lest they take back a false impression of this country, we would warn them that although we hope Guy's students may be above average, we fear that their accommodation is not.

We note with deep regret that Dr. E. J. Crisp, M.D., D.P.M., retired from the position of Physician in charge of the Department of Physical Medicine on 26th June, 1960. His appointment as Consultant Physician Emeritus to the Department will, however, preserve his much valued contact with his hospital and his friends.

We would like to congratulate his successor, Dr. Patrick Hume Kendall, M.B., M.R.C.P., D.P.M., on his appointment as Physician in Charge of the Department of Physical Medicine from 27th June, 1960.

We would bring to the notice of all those who sit in the Park at lunch time a further letter from the Superintendent on page 254. The nuisance and mess of paper bags and tea cups on the lawn outside Shepherd's House has continued unchecked. It will be a great pity if the untidiness and ill manners of a few should cause official restrictions to be placed upon everyone's use of the Park.

We offer our sincere congratulations to Air Vice-Marshall C. A. Rumball, F.R.C.P., who was created K.B.E. in the Birthday Honours list.

Air Vice-Marshall Rumball qualified first in Dentistry and later in medicine at Guy's and is at present Consultant in medicine to the R.A.F.

We were delighted to learn recently that Dr. Keith Simpson has been elected the first honorary member of the Crime Writers Association by a unanimous decision of the Committee. The Association is well known to be jealous of its membership, but then Dr. Simpson has written one best selling thriller to our certain knowledge.

In the recent under-19 Rugby Football match between the University of Cape Town and Stellenbosch for the *Guy's Cup*, Cape Town were the winners by 13 points to 6. As this is the first time that Cape Town have won the Cup there has been considerable rejoicing among the Guy's contingent at Cape Town.

The Hospital is now inextricably enwrapped in the coils of the new "Lampson tube" system; it is impossible to predict where the monster will emerge next.

One branch suddenly, last week, reared its head through the centre of the floor of the main Out-Patient Hall. The subsequent hue and cry was such that it was swiftly and artfully entrapped within a solid wooden box disguised as a superfluous pillar. Later, however, it escaped again, and now passes in a smooth, but unbeautiful arc from the top of its box through a window into the Almoner's office. We hope that its friends will be able to reach their destinations in a more unobtrusive manner.

Great Maze Pond has at last been closed to through traffic and a corrugated iron barrier erected at the southern end. Large numbers of vehicles, heedless of the illegible stensil, and the R.A.C. notice quite obscured by leaves, on either side of the northern end, continue to charge down to the corner by the surgery, soon returning from thence in reverse with much noise and ill humour.

The Student's Union World Refugee Year appeal has ended, and more than a few will breathe a sigh of relief. It will be possible once more to walk through the Park without having to purchase a dance ticket, add coins to a circle, buy a raffle ticket or, worse still, have to bid for a plastic pen.

The final total of over £920 is a fine contribution for the Refugees, and is a tribute to the generosity of the contributors as well as to the energy of the organizers.

Mysterious excavations still continue beneath the southern end of Hunt's House. It says much for the robust architecture of the building that it has not long since sunk without trace into the caverns below. In the present workings the *Gazette's* archeologist could detect no Roman boats, and had to be content with numerous fragments of clay pipes, a continuous stratum of sheep bones, and a fragment of a copy of the *News of the World* of the late 19th century.

A question in a final surgical paper this month was "Discuss the teaching of surgery to undergraduates". We sympathize with the candidate who complained in his answer that the surgical teaching at his hospital, though good, failed to prepare him for the type of question set in his final surgical paper.

GUY'S DIARY

JULY			Exhibition. *Amputation.*
4th	M	1.00	Mr. Tomkinson. Clinical Lecture. *Foetal Monsters.*
7th	Th	1.00	Dr. Hoare. Clinical Lecture. *The Diagnosis of Intracranial Space-occupying lesions.*
8th	F	1.00	Dr. Houston. Clinical Lecture.
9th	S		Surgical Departmental Round conducted by Professor G. W. Taylor of St. Bartholomew's Hospital.
11th	M	1.00	Dr. Vale. Clinical Lecture. *Anæsthesia and Disease.*
13th	W	5.00	Professor Sir Charles Dodd 14th Addison Lecture. Subject: *Thomas Addison.*
15th	F	1.00	Dr. Joiner. Clinical Lecture.
18th	M	1.00	Mr. Salmon. Clinical Lecture. *Cholesteatoma.*
19th	T	1.00	Dr. Wayte. Clinical Lecture.

OBITER DICTA

"I haven't had much success with gold . . . . therapeutically speaking."

Dr. KAUNTZE, Combined Round.

At Down's pre-examination instrument demonstration :

"A lot of the instruments I'm showing you now we've had to make 'specially for the exam; no one uses them today."

Contributors to the "Gazette" are reminded that copy must be received in the Gazette Office, 16 St. Thomas's Street, not later than 10 a.m. on the Monday of the week of issue.

DOCTORS and CORONERS

By

IAN MILNE, M.A., M.B., B.Chir. M.R.C.S., M.R.C.P.

Coroner for the Southern District, County of London.

LECTURE to the Students at Guy's Hospital Medical School, on TUESDAY, 11th NOVEMBER, 1958.

This is the Coroner's Court, as it used to be, of the Borough of Southwark, and it is now one of the courts in the Southern District of the County of London, over which I have jurisdiction as Coroner. Very shortly, a number of you will qualify. My father said there were two things which happened after that; that you joined the Medical Defence Union and then, shortly after that, you would find yourself dealing with the coroner; and I am afraid that is true. Because one of the things which the law permits you to do, and indeed, insists on your doing, is to certify to the best of your knowledge and belief the cause of death of any patient whose last illness you have attended. It is one of the most difficult things sometimes to know what they have died of and also whether you have been in attendance on them, and I will come to that in a moment.

Should that certificate not be available to the relatives to register the death, the Registrar of Deaths has to report the case to the coroner, who disposes of it. Also, should that certificate be one which the registrar cannot register, he has to report it to the coroner, and he may not register deaths which follow violence or poisoning and one or two other things.

There are two points. First of all, death during or after surgery does constitute violent death. When you see some of the surgeons I have looked at, you are not surprised by that. The other is, regrettably, that alcohol may count as a poison. For that reason, registrars of deaths always view with grave suspicion any wording such as "cirrhosis of the liver" as the cause of death.

The coroner is in many ways, as you probably realise, a rather archaic survival. 750 years ago he was a tax gatherer, because the main income of the Crown came from seizing the lands of felons and suicides and by fining villages in which violent deaths occurred. If the village was not able to prove that he was a British subject, the dead man was assumed to be a member of the occupying Norman power and the village was fined double. In those days the sheriff really

held all the trials—the minor ones, certainly—but the King sent the coroner round with the sheriff because the sheriff had an inconvenient habit of putting the money in his own pocket, whereas it was thought that the coroner could be trusted to give it to the Crown. Subsequently, of course, the coroner took over from the sheriff, who could not be bothered to go out and do these jobs when there was nothing in it for him. In the course of years, the coroners ceased rearing royal fish, and other curious things. That has all gone, with the other exception, as you probably all know, of treasure trove, and our jurisdiction is confined to finding out the cause of death in that if it shows injury we investigate the circumstances in which the injury was received and what manner of death it was.

You will appreciate that there may be two other inquiries going on at the same time. If one of you is tonight knocked over by a motor bus in the Borough High Street and dies after a lingering and painful illness leaving a wife and 14 children, your wife's solicitors will be interested in what they can get from the driver of the bus in the way of civil damages for pain and suffering, for the loss of expectation of life and for the loss of the income which you might be expected to earn in the course of your gallant career. The C.I.D. may be interested in investigating it from the point of view of a possible crime on the part of the bus driver in illegally killing you; in other words, manslaughter, and I, if the body comes to lie in this district, will be interested in what kind of death it was, whether it was accidental death, or if my jury thinks fit to say it was manslaughter, well and good. In general, as you will appreciate, they all turn out to be accidental deaths in this court, because if the Director of Public Prosecutions is going to prosecute for manslaughter or causing death by dangerous driving, as soon as he brings somebody before the magistrates, I no longer pursue my inquiry.

But, up to that point, I have a body and I have to find out what it has died of. Hence the panic when somebody is found murdered, because the C.I.D., of course, want to know what the man died of from the point of view of prosecuting, and it is my body. They get interested because upon whom we send to do the autopsy depends the quality of the medical evidence they will eventually get at the Old Bailey. For those cases, of course, I tend to ask one of what I call "the big three"—Keith Simpson, Neasmith or Camps—to do the autopsy, because we know very well the quality of their evidence which will be well considered and convincing.

As doctors, you will have to do with coroners and if ever you come into a coroner's court to give evidence there are three golden rules, and the same three rules apply to any court. Very simply, they are dress up, speak up and shut up. Dress up because you are there as a professional man and it is in everybody's interest that your appearance and bearing should be such as to give confidence to those who will be under the impact of your evidence. Speak up because there is nothing more tiresome than a witness who mumbles. And shut up in this sense: do not go into irrelevancies and do not say anything which you cannot substantiate from your own experience or research, and that might include research into books. If you are asked a question and you do not know the answer, say so. If you are asked something

which is out of your depth, say you do not feel qualified to answer the question. It has happened here that one asks Keith Simpson a question about anæsthesia. One might carelessly ask him whether he thinks a particular anæsthetic was suitable for a patient. He says, "I don't know. I gave anæsthetics when I was a houseman and I haven't given any since." That is very much better than getting himself involved in all sorts of questions to which he ought not to give an answer.

Your first contact with coroners once you are on the professional register will depend upon which hospital has the fortune to acquire your services. If it is in this part of London and you get into one of the brisker surgical firms, you will quickly meet the Coroner's Officer for the Borough of Southwark who deals with cases dying in Guy's Hospital and who also deals with St. Thomas's, and he has forgotten more about coroners' work than you people will ever know. He also hides behind a rather dour manner an extremely kind heart, provided he can read your writing, hear what you are saying and get hold of you on the telephone. It drives him slowly round the bend to spend three hours trying to catch a house surgeon at St. Thomas's—it does not happen, of course, at Guy's—who is always alleged to be in the theatre rather than in whatever public house the people of St. Thomas's frequent.

It will probably happen to you quite early. Someone will die in the ward and you will wonder to yourself whether you really are in a position to certify the cause of death or whether you have been in attendance for long enough. Suppose you are on casualty and a man comes in with a good history from a general practitioner, obviously dying, and you say to him, "What's happened to you?" and he says, "Oh, my chest; I've got such pain." You give him a dart of morphia and he dies some twenty minutes or half an hour later having been within the hospital. You are perfectly certain he has died from coronary thrombosis and the question is, are you in a position to sign the certificate? I say that you are. You have looked at him, you have come to a decision and you have initiated some treatment; you have diagnosed a condition from which he might be expected to die and you think he has died of it, and I think you are in a position to issue a death certificate and not to report it. At strict law, of course, you are in a position to do that, because your duty is to issue a certificate and there is no law to compel you to report anything to the coroner. It is merely a civil action on your part which saves a good deal of time and anxiety to relatives and a good deal of hard work for the coroner and his officers. I say, therefore, certify in the reasonable expectation that the certificate will be registered.

Here various factors come into play. First of all, you may find yourself in a district where the coroner insists that all cases dying within 24 hours of admission to hospital shall be reported to him. Of course, I think it is utter nonsense. It merely means, in effect, that if someone dies within 23 hours and 59 minutes you say, "Oh, bother!" and report it without very much thought. If he lives for 24 hours and a quarter and you still have no idea of what he died of, you gleefully say to yourself, "Well, let's do a p.m. and find out." You then get hold of the relatives and say, "Can we have a p.m.?" and they say "No," and you say, "Well, in that case, we shall have to report it to the coroner."

That is a form of blackmail which I view with great disfavour. But you will find coroners who insist on this 24-hour business, or try to. I cannot see that they have any right to do it. It is a relic from the pre-Welfare State days when people did die neglected, impoverished and alone. Nowadays they merely die alone, a lot of them.

Some of the stuff you report is quite obviously going to get to the coroner anyway and, if it is going to get to the coroner, you might as well be the citizen who reports it. People who die after motor accidents, through being hit on the head with a brick, through falling off the crane on the South Bank, or any of those things, we are bound to have to hear about.

Then there are the ones where you really do not know what they have died of. They might have been in hospital anything between 24 hours and, even in the best regulated hospitals, three weeks and investigations have not shown much. I think one would have every sympathy with you in saying, "Let's report those. We don't know what they've died of and to report it to the coroner means that we are certain to have an autopsy, whereas if we think and say he has died of leukemia, or something or other, and the relatives do not let us have a p.m., we shan't really know," because, you see, *you* cannot have a p.m. to find out what a man dies of. If you are in a position to sign a certificate for the registration of the death, then you can ask the relatives or whoever is going to register the death for permission to confirm your findings by autopsy, but to have an autopsy to find out what someone died of is, as I think, illegal. If you want to look up the reference, it is the Anatomy Act of 1835, in the reign of William IV. It goes back a long way and no one has invented a better method of controlling pathologists since then.

There is one awful pitfall of which you must beware. A patient dies and you think to yourself, "Well, that's quite straightforward. The chief said yesterday he was going to die of bronchial pneumonia or heart failure," and so you announce to the office that you are quite prepared to issue a certificate when the relatives come for it. I do not say this does happen; I say it might happen. The relatives come in and you ask to see them because you know perfectly well that if you do not get permission for an autopsy you are going to collect an awful rocket from the chief. You then see the relatives and they say, "On no account may you have it sent for an autopsy," so you go back to the chief, who says, "Well, we must have an autopsy. Ring up the coroner and tell him we don't know what he died of." By that time the relatives are registering their certificate, the chief is insisting on a p.m. and you ring up the coroner and everybody gets very cross and hot and bothered.

The better way in those doubtful ones—and I pass it on to you for what it is worth—is that you see the relatives and say, "Of course we will issue a certificate as to the cause of death. We would like your consent to an autopsy provided that the certificate turns out to be something which is registerable." This might apply to short-term cases. You say, "The Registrar of Deaths has certain limitations imposed on him and you may find that the cause of death which we certify is one which he will bounce and the coroner will hear about it, so we may just have to ring him up." You fail to get your consent to the p.m.

and you then tell us and we will try and help a little if we can, but do not try that one on a coroner unless you know perfectly well that he is of the same frame of mind as I am.

The other thing I think you want to do as housemen is this, and I do not think this applies only to the question of death certificates. Do make it quite clear or have an understanding with your registrars and your chiefs as to who is in attendance on the patient, otherwise you will get most curious alterations made on prescription boards and you may find your registrars issuing death certificates without you knowing anything about it and even your chiefs altering the prescriptions. Of course, you do not have to be told that no chief ought to be allowed anywhere near your wards without the houseman being there, and as for controlling the registrars, they ought to be sufficiently well-mannered not to interfere with your patients. Take you on one side and criticize what you are doing and look at the notes, yes, but to go round and scratch things out is bad manners and I think it is equally bad manners to attempt to issue death certificates on your patients. There is only one doctor in attendance in law and I think that ought to be the houseman, but he ought to deal with those in relation to the coroner unless it is a case of extreme complexity which he feels out of his depth in reporting.

I say this quite advisedly because I know that in many hospitals this just does not happen. You may find yourself doing odd jobs perhaps at Puddlecombe Royal Infirmary because they are very short of pre-registration houseman. Your chiefs are in and out, registrars float around the place and you do not know where you are. Do come to an early understanding on that one, both as regards coroners' cases and other matters. Make quite certain when you go to a hospital that you know (a) who is supposed to be in attendance on the patient and (b) who is responsible for referring cases to the coroner.

In many places there is a good routine, which works, where the more central office rings up the coroner's officer each morning and tells him if there is anything about which he ought to hear. It works extremely well in many cases and extremely badly in others. In the cases where it works badly, it is because the lay staff or some other person decides whether the coroner should hear about the case, and you, as the doctor in attendance, are justifiably cross if a case is reported which you do not think ought to have been.

That really disposes of you as housemen. You will not come here very often, because I do not see very much fun in the ratepayers of the County of London paying you three guineas for information on oath which is comparatively valueless. I am sorry to put it in that way, but I do not honestly think you are worth paying to come here and say, "Yes, Bill Smith arrived at this hospital at 11 o'clock at night in an ambulance and I examined him and he was dead." If, of course, it is important and you are in a position to say how long he has been dead or whether there was any vomit about his clothing, or anything of that nature, you are much more useful.

Do not do what the casualty officer in one teaching hospital did the other night. A baby was brought in by father in a taxi. It was dead. He said so and the body was placed in a refrigerator. It became extremely important to know how long that baby had been dead

THE
DENTISTS' INSURANCE COMMITTEE

20 BRUTON PLACE,
LONDON, W.1

Grosvenor 1172

Baggage
Accident
All Risks—Valuables
Education
House Purchase
Retirement Pensions
Dentists' Motor Car
Sickness and Accident
Endowment Assurance
Rail and Road Accident
Loss of Profits following Fire
Hand Disablement
Practice Purchase
Dentists' Household Comprehensive

First Class Policies at Competitive Rates of Premium

GENEROUS REBATES GIVEN

Please send me details of those Policies marked with a X.

Name.....

Address.....

.....

Date of Birth.....

when father brought it in. There was no method of telling at all; the evidence was entirely destroyed by the unthinking action of an indifferent doctor. He did not care. In point of fact the baby was said by father to have fallen off a draining board into a sink containing six inches of water. Father had placed it there having washed its tail and had retired to the lavatory presumably leaving baby to dry on the draining board of the sink. The learned pathologist who carried out an autopsy was not able to give any cause of death. It certainly had not drowned. There was no vomit about the place, no water in the lungs—nothing. We had a dead baby said to have died at such and such a time and it did become rather important to know, but we never shall now.

As I say, you will not get much money for that game, but what you may get a little reward for is this. In the course of a year we deal with about 3,500 cases. When I say "here," it includes the other two courts. The majority of those—about 80% of them—are cases in which there is no doctor who is able to issue a certificate as to the cause of death and at the autopsy it becomes quite evident that the death is a natural one. It might be a coronary thrombosis, a ruptured aorta, or even, in the very elderly, sometimes a fractured femur. I will tell you about that later. Those cases are dealt with without an inquest merely by issuing what is called a pink Form B and in those cases a pathologist is often considerably helped by having the presence of a doctor who has seen the patient in life or, failing that or perhaps in addition, a report from that doctor as to what the nature of the final stages were.

Let us very quickly clear up this fractured femur business. A number of us think a fractured femur is a pretty natural complication of hypertension, especially with older people. They twist round in a bedroom and you do not know whether they fall because their femur fractures or fracture their femur when they fall. Their blood pressure has been up in the roof for years and anyway they must have died in a minute.

There was one coroner who had a habit of certifying all those cases on Form B if they were over 75 at the time of death, "Fractured femur associated with hypertension." One night the telephone rang and a firm of solicitors wanted to know when the inquest on an old lady was to be. He said, "Why are you interested?" and they said, "We represent the driver of the other motor car." Then it became fairly clear that something ought to be done.

You can well believe that, with the advance of surgery, a number of operations are taking place on gravely ill patients and those patients do die during or after surgery. In those cases it is my habit, and the habit, I think, of most of us, to have a report from someone. To get uniformity we actually use a form of report which was invented in consultation with pathologists, anæsthetists and surgeons so as to give details of the surgical procedure to the pathologist. For that form—and this is cheerful news for you—we are entitled to pay you up to a guinea. I do not say it is a flat guinea; it is up to a guinea. The rate is decided slightly on its legibility, and it might get so low as being a contribution of two shillings to buy a new pen.

On the whole, these reports are extremely useful, because most

coroners take the view that if one dies in spite of surgery, that is natural death. If one dies because of surgery, that is death from violence; an inquest must be held and the verdict will probably be accidental death. If you read in the Press that it is misadventure, do not get alarmed. Misadventure and accidental death are exactly the same thing. The word misadventure may be a slightly more genteel form of it. If, for example, you have a patient with a thrombotic mesenteric artery and, despite an effort in which you remove her entire ileocæcal junction and a good deal of small intestine, she dies, then, provided the body at the autopsy has not 14 pints of free blood in the peritoneum and a large hole in the spleen, or something of that nature, nature, that is justifiably a case in which the coroners say it is natural causes.

If, on the other hand, you have an extremely fit man who comes in to have his hip joint remodelled, it is very difficult to say that he has died of osteoarthritis, and that would probably mean an inquest.

You will probably realize by now that what one is coming to are the more heroic procedures—cardiac surgery perhaps—because whereas a few years ago the cardiac surgeons were only allowed to touch people who were going to die anyway, nowadays it has become so respectable that one operates on these patients in the confident expectation that one will prolong their lives and useful comfort, and at the moment of the operation they are reasonably fit. Those cases are giving us a great deal of bother. You might therefore envisage that your reports will be of all the more value.

On that report, if ever you see one of mine, you will find a note which says that the fact that the anæsthetist is in general asked to complete it does not mean that there is any reflection on anæsthetists. It merely means that he has been there all the time. In the teaching hospitals we make a habit of getting not the anæsthetist to do it but the houseman, because it is considered to be part of his education to do it and also because he is usually not so well paid as the anæsthetist. But the note goes on to say, "Please make use of the memory of anybody who was in the theatre." That report is not a thing you are going to have to swear to from your personal knowledge; it is a considered document which you make up to assist us and we want it filled in comfortably and properly. And when I say "make use of other people's memories," do that in all your cases. Remember, after all, that your chiefs have been through all this before you and they do not expect you to do those things on your own. They know what our views are and during the first month or two that you are in the house you really have not got a great deal of idea.

The night I was placed upon the medical register for the first time, I found with myself a house surgeon who was actually a house surgeon to my father—a most embarrassing experience. At about six o'clock one of the patients whose femur he had pinned a few days before sat up in bed, asked for a bedpan and expired in a most classical manner—in a manner which I had never seen and, in my state of learning, never heard of. That was my introductipn to coroners. The coroner was a delightful old man called Cohen, the coroner at Middlesex. Dr. Simpson will probably tell you more stories about him than ever I can remember—more, almost, than there were about the Model "T"

Ford at one time. He returned the verdict with great solemnity and all confidence that this lady had died in spite of a successful operation, the invention of Dr. Smith and Dr. Hall, both gentlemen of whose acquaintance he had the pleasure.

Do not assume that some coroners do not read some of the medical papers. I myself subscribe to the *Readers' Digest*. Out of the 240-odd coroners in this country, 13 are full-time and the majority of those are doctors, amongst other qualifications. The medical coroner is a rarity. You are dealing with the solicitor in whose family or in whose office this job has been held for many years and his medical inclinations will be coloured, first of all, by the pathologists he employs and, secondly, by his personal prejudice. There is one coroner who holds an inquest on every person who dies within a year of any surgical operation, which causes consternation and a great deal of annoyance to relatives and, of course, the surgeons. It means that the hospital, every time, is brought into this disrepute. One does not dare undertake hospital procedure of any magnitude in his district if one can possibly avoid it; they move them all on to other hospitals.

I did gloss over the registrars and the chiefs. They come here and give highly skilled and technical evidence. For example, if we have a death which involves some long story after operation of electrolyte imbalance in the course of life, I do not think that pathologists are necessarily very prepared to answer questions on it; they know what they found afterwards. I quote the latest one of those which we had. I called a surgeon from University College Hospital, which is outside my district, for two reasons; first, he was known to me personally as a chap who would be impressive and, secondly, because he has written a most marvellous book called Electrolytes shown to the Children. I thought that if he could explain electrolytes to the children, he could probably explain it to a jury, and he did, in the terms of barrels of beer per day. They understood him. Those really come under the heading of expert witnesses.

You will get out into general practice—I know a number of you do not think you will at this stage, but it is not a bad life—and you will then be up against this business, first of all, of locum work, which raises certain complications with the coroner and, secondly, the family who want the coroner to be kept out of it.

The locum problem is that you may not sign a certificate for the registration of death if you are not in attendance, and the fact that a patient has been seen by your partner or your locum or the rota doctor does not necessarily put you in attendance. So if you go away for a holiday, do make sure that your locum or your partner has seen the patients who are likely to die. Every August and September we spend a great deal of the ratepayers' money doing autopsies or having autopsies done on patients who have been ill for years and whose cause of death is quite obvious, but the doctor who last saw them a fortnight before he went on holiday has gone to Switzerland and you cannot get hold of him. If he is only on holiday in England, we can usually do a bit of good work. I can remember last August ringing up a good lady who had gone on holiday down to Dungeness two days after she had seen one of her favourite patients—carcinoma bronchus—asking her to send a certificate and she said she had not taken the book with her.

I did suggest that there were other general practitioners in England and probably one fairly near Dungeness and that she might get one from him. I am glad to say she did so. Do not necessarily go away leaving one already signed; that is an awfully dangerous thing.

Of those who do not become general practitioners, some may become pathologists. Those may or may not wish to do some work for the coroner, or they may want to do it very much. We are fortunate in London in that there are some very highly skilled men who devote their lives to forensic medicine and do a lot of this work. It has in the past given rise to a good deal of jealousy among pathologists who are employed at hospitals. When the Health Service came in, these gentlemen began to collect quite respectable salaries and they found to their pleasure that they were allowed to do certain work, and only certain work, in addition. One of these jobs was to do autopsies for coroners and, whereas there are many coroners who remove everything and never allow an autopsy to be done in the hospital, a number do try to leave cases in hospitals in which those hospitals might be interested. After all, if the Guy's Burns Unit has nursed somebody devotedly for weeks or even months and she finally dies, then presumably the Guy's Burns Unit is interested in that autopsy, and similarly with the burns unit of any hospital. If they are never going to see that autopsy unless they go to the local mortuary four miles away at a time which is difficult, they are going to lose heart. It is conceivable that the increase in fees has a little something to do with the increased enthusiasm on the part of pathologists, but it is possibly heresy to say that.

In any event, there are quite a lot of people who do autopsies for coroners whilst they are on the staff of other hospitals. Some of them, for example, are like Dr. Morgan Hall of Norwich. He is part-time in his own hospital and he does practically all the coroner's work in Norfolk, and he is good at it, used to it and likes it. Some hospital pathologists do it not very much, do not like it very much and give evidence so badly that it is not true. Some of them try to say that they will only do work for the coroner if it is not an inquest case. That is deplorable, because I think you must take the rough with the smooth. So if ever you get into the position of doing work for the coroner in that way, do make up your mind what you are going to be. Make up your mind that you are going to do anything you are asked to do to the best of your ability. If you are going on holiday and you are asked by the coroner to do an autopsy, say, "Yes, please, but I've arranged to go to Spain next week. I know it is an inquest, but I'd rather you asked somebody else if it's next week." In other words, do respect the fact that inquests have to be held in public, that evidence has to be given on oath and that the family of the deceased are people who want to get the thing over. It is easy enough to say that we can always adjourn for three weeks until the pathologist comes back from his holiday, but one cannot, you know, not always.

One of the Devonshire coroners got into awful trouble earlier this year. A small boy was killed on a mortar range on Dartmoor and the local pathologist seemed very interested in the autopsy and sure enough did one. What he did not tell the coroner was that he was going to Spain the next morning for four weeks, and he went and everything had to wait until he came back.

Coroners have a society. It is called the Coroners' Society of England and Wales. That society has a secretary; that is myself. I am quite honest with you; I like it, because I get such extraordinary letters from coroners all over the country, saying "What do I do with this one?" They think I can find out by means of local calls rather than their attempting to ring up lots of people, and I possibly see more cases than anybody else. As I see it, one of the functions which I can usefully perform—and it does happen occasionally—is also to answer queries by doctors if they think their own local coroner is putting a fast one over them and they want to know whether he is right or what they can do about it.

It might be that you go and give evidence in a perfectly respectable case and suddenly find, to your horror, that things are obviously going very much against you, that every witness is trying to blacken your character and saying that you never came and saw the patient, and you realize that, no matter what is going to be said in the way of a verdict, the local Press are going to report all this stuff without your having a chance to say anything about it. One thing which you might try to carry away from here is that if you are at an inquest and your character or conduct is called into question, the coroner must adjourn for you to be represented if you ask him to. Having done that, you can then talk to the Medical Defence Union. They do not like being told about every inquest you are called to, but they do like to hear if you get into trouble.

I shall tell you this story because it points several morals and it is not a very long one. There was a house painter, a fit man of about 50, and some time at the end of June one year he was a bit off colour. He told his wife that he was getting thirsty and getting up at night to pass his water and getting thinner, so they took an early holiday and went off to the seaside for a fortnight, during which time his consumption of mild ale rose very steadily. Of course, his nocturnal polyuria did not dismay him to the extent it might; he merely associated it with his beer drinking, but he did lose weight and when he got home, as this went on, he went to his doctor and told him about it. "Doctor," he said, "I'm getting thirsty and seem to keep passing my water." His doctor said, "Oh, well, you had that knock on the head a couple of years ago and a psychiatrist helped you then. Why don't you go back to the psychiatrist?" He did not bother to undress the patient. The patient went back to the psychiatrist, told him this story and the luminal was repeated. The patient got still thinner, more thirsty and more sleepy and his wife went to the doctor one day, because the patient could not get out of bed, and told him this story. The doctor came up and saw him and said, "Oh, yes; I wonder what's wrong with him?" and he sent him to the hospital where a properly trained probation nurse tested his water and found it was loaded with sugar and ketone bodies. He died some hours later and the relatives were very upset. A jury enquired into this case, because negligence was alleged, and returned, to my mind, a perfectly proper verdict that the man had died of diabetes mellitus, which was a natural disease, aggravated by lack of care. They are not entitled to say whose lack of care, but they are entitled to say that. At that stage the doctor did nothing. He waited until damages were claimed from him and he then consulted one of the defence unions

of which he was a fully paid up member, as he thought, only to find that he was not in fact on the medical register because he had neglected to return the postcard which the Registrar sends one from time to time to make sure that you are still alive and at the address which you registered.

That is the final moral. When you get on the register, do not, in pride, register your address as, for example, Guy's Hospital unless you have the reasonable expectation of remaining there as an honorary and emeritus chief for the rest of your days. My father was on the register with his registered address as the London Hospital until the day of his death, but at least the London Hospital usually knew where he was, he being on the staff. My registered address, quite frankly, is my bank, because I reckon, if they can look after my overdraft, they can also look after a postcard.

Q. You did mention the general practitioner and the family who want to keep things away from the coroner, but you did not give an illustration.

A. There is one quite interesting one. It does require a good deal of tact. You may feel, "This is bound to be one the coroner is going to hear about whether I report it or not." Do not refuse the death certificate; you can always issue it. You can sign a death certificate even if the patient has been killed by a knife wound. You can write down as the cause of death, "Stab wound of the heart." It is not worth the paper it is written on; it will never be registered, but it is a perfectly good certificate issued in good faith. But if you turn one of those certificates over, you will find a space on the back marked "A", which says, "I have reported this death to a coroner." If you initial that, you can take it the death will not be registered and the registrar will always get the blame for having bounced it, and you can nip rapidly home, ring up the coroner and have a conversation.

Incidentally, there has been enormous correspondence about sudden death in infants. It has been going on for years. Various doctors get upset because coroners' officers go round bereaved parents, and there is one chap who says that all these children die of acute tracheobronchitis, or something like that, and that suffocation in infants does not exist. Others, who are more fair, realize there is a balance. There are obviously some children who die of suffocation; equally, there are a large number who, without a p.m., you would say died of suffocation and who in point of fact died from acute tracheobronchitis.

There was a wealthy county family and a child was found dead in its cot. The doctor who was called in said, "Yes, it's dead. I'll speak with the coroner." He said, "This child obviously suffocated." The coroner said, "Are you sure?" and he said, "Yes, it's a perfectly good case. Do try and avoid a p.m. The family lost another child last year and it will upset them too much." The coroner said "Very well" and at the inquest the doctor gave evidence and said, "I examined the body. A perfectly clear case of suffocation." Verdict, accidental death and an expression of sympathy on the part of the coroner.

The family then went home and one of them suddenly picked up a copy of the *Readers' Digest*, or something, and said, "I wonder if that's right. Let's get Dr. So-and-so," the local pathologist, "to do a p.m. for us. I suppose that's all right." They asked the doctor, who said, "Yes, I suppose so. I'll ask the coroner," and the coroner said, "Of course, have a p.m. if you want one. I'm surprised that you made the family change their minds, but, after all, the inquest is over and I've no property in the body." So they had a p.m. at which the pathologist found, as you might expect, acute tracheobronchitis.

The family were left with the stigma of having let their child suffocate when it really died of this natural disease, and the poor coroner was forced to go to the High Court and apply for a writ of certiorari to quash his own inquest. If one of you lot do that to me, I will be very cross indeed. The High Court did issue the writ and also ordered him to hold another inquest, which he did. He tells me that for the second inquest he did not see fit to pay the pathologist's fee for doing the autopsy because he said he had done it off his own bat and he was not interested in that one.

Poetic Apathy

Despite extensive elegant publicity Mr. Ted Hughes read to a disappointingly small audience at the meeting of the Quodlibet Society on 16th June. Are medical students frightened of poets, or are they again becoming uninterested in other men's arts ?

Mr. Hughes, a burly young man, and apart from the hair cut startlingly unlike any preconceived image of a poet, was, however, instantly recognisable in "The George" by the twin thin volumes of verse projecting from his pockets. Over dinner he destroyed our faith in American poets and universities, and in English midwives and the Institute of Contemporary Arts.

He began his reading from his first collection of poems *The Hawk in the Rain* for which he received the New York Poetry Prize and the Somerset Maugham prize. Other poems from a second collection *Lupercal* followed. Most of his poems are violent, tight packed with biting rhythms and jangling syllables, and they were read with a vigour which made this more obvious, and yet proved their success as conjurors up of intense and fleeting images. Many of these poems are about animals, and about their place and the place of Man in the natural world, in which they meet physical forms and are conquered or triumph.

" I kill where I please because it is all mine.
There is no sophistry in my body."

In the animated discussion which interspersed his reading, the audience were anxious to ask Mr. Hughes about his techniques of writing. He did not disappoint them; his methods range from the conscious use of luxuriant verbal imagery, to absolute spontaneity, even to reliance upon the use of an Ouija board.

" . . .who's to know
Where their feet dance whilst their heads sleep."

A.H.

CORRESPONDENCE

Letters to the Editor of the Gazette

Litter in the Park

SIR,—Further to my letter published in your last issue asking for everyone's co-operation in keeping the Park tidy, I write again at the request of the House Committee to emphasise what I then wrote. During the early part of this week when the weather was fine there was again much litter and several cups and saucers left on the lawns, particularly that lawn used mostly by dental students and physiotherapists.

I do, therefore, once again ask everyone to co-operate and bring pressure to bear on the untidy ones, because their actions are likely to result in restrictions affecting everybody.

Yours etc.,

J. B. BLAIKLEY,
Superintendent.

Guy's Hospital, S.E.1.

The Rugby Club

SIR,—May I congratulate the Rugby Football Club on throwing out the miserably defeatist suggestion put forward by the Sub-Committee, which had apparently gained your editorial support ?

I see that no-one has thought to mention that it might be better to improve the standard of play a little, rather than slightly weaken the fixture list. Perhaps the young men in the Reserve XV's—I hope imbued with some of the old-time spirit—may intend to rectify this omission. In which case, it is not a day too soon and we wish them every luck.

Yours etc.,

OLIVER IVE.

121, Harley Street, W.1.

REVIEW

Anatomy for Students of Dentistry. By J. H. SCOTT and A. D. DIXON. E. & S. Livingstone Ltd., Edinburgh. Pp. 484+xi. *Price* 55*s.*

This is an important book which deserves careful consideration for it is a book by dentally qualified anatomists for the guidance of dental students and may thus be expected to provide the balance of information which is appropriate to Dentistry instead of that appropriate to cognate sciences. It will be convenient to consider the work chapter by chapter and then as a whole.

Chapter I is a rather unpalatable sermon on Anatomy as a scientific discipline which stresses the need for accuracy, brevity and clarity. One cannot help feeling that these are better taught by example than by precept and that the authors have sometimes failed to live up to their own standards. A great deal of Chapter II headed "The Human Body" is spent on non-human anatomy and figures the skeleton of a wolf and the heart-lung circulation of a fish and an amphibian. This is not to imply criticism of the material or its presentation except in its immediate context. If the chapter is on elementary phylogeny, why not say so ? Chapter III deals with the tissues of the body generally satisfactorily, but one would like to see the number of human chromosomes amended to 46. Chapter IV on the regional anatomy of the thorax and abdomen is also generally straightforward at a level of approximation suitable for dental students but Fig. 75, "A comparison of the male and female bony pelvis" seems inappropriate; it is also misleading as regards the form of the female obturator foramen. Chapter V on the regional anatomy of the head and neck is good but even here one finds, for example, p. 130: "The entire musculature of the tongue receives its motor nerve supply through the twelfth cranial nerve (the hypoglossal nerve)", with a reference to p. 351 where one is told the correct nerve supply of the palatoglossus muscle. Chapter VI on the anatomy of the oral cavity and face is a masterly summary and illuminating to the dentally unqualified reviewer. Chapter VII is on developmental anatomy

and is again in heading trouble. Under the heading "The development of the head and neck region" appears all the early development of the embryo and fœtus. Again the face and skull are dealt with very well, the mandible better than in any of the major texts, and other aspects satisfactorily; the section on circulatory changes at birth requires revision. Chapter VIII describes the bones of the skull and muscles of the head and neck in more detail and Chapter IX reviews the nervous system in orthodox fashion. Appendix I on clinical Anatomy was again illuminating to the reviewer. Appendix II consists of selected figures from other parts of the book which are inserted serially and unlabelled for revision purposes. One feels that this is encouraging the student to learn by diagrams rather than from the body.

The illustrations come from a mixed bag. Some are familiar but from diverse sources and thus lack a consistent style. Even those drawn specially for this work fall into groups, black on white, and white on black. Whilst this may be æsthetically unpleasing the figures have been chosen with care and are usually excellent adjuncts to the text.

The index is adequate but would be better for the use of bold type to indicate main entries.

This is certainly the best general anatomy book available for dental students at the present and the above rather carping criticisms are offered in the hope that it will be improved in the next edition which will be called for soon. It will be recommended in the Department of Anatomy.

C.P.W-S.

SPORT

Blues Committee

At a meeting of the Blues Committee on 30th May, 1960, the following colours were awarded:—

Association Football	C. B. Barrett	*Half Blue*
	L. G. Parry	*Half Blue*
	N. J. Trayfoot	*Half Blue*
Athletics	P. J. Phipps	*Full Blue*
	C. B. Boothby	*Half Blue*
	M. C. E. Hutchinson	*Half Blue*
Boxing	E. M. Chater	*Full Blue*
	S. McH. Young	*Full Blue*
	I. Francsics	*Half Blue*
	D. Stubbs	*Half Blue*
	J. Weedy	*Half Blue*
Hockey	M. Conybeare	*Half Blue*
	A. Daryabegin	*Half Blue*
	P. Liddiard	*Half Blue*
	J. Sedgwick	*Half Blue*
	M. Steyn	*Half Blue*
	R. Strickland	*Half Blue*
	P. M. J. Tombleson	*Half Blue*
Rowing	J. H. M. Axton	*Full Blue*
	F. A. W. Schweitzer	*Full Blue*
	R. Rippon	*Half Blue*
Rugby Football	T. English	*Full Blue*
	J. Leyshon	*Full Blue*
	I. Baker	*Half Blue*
	D. J. Biggs	*Half Blue*
	R. Hollingsworth	*Half Blue*
	P. Ivanans	*Half Blue*
	M. Murray	*Half Blue*
	W. T. Treadwell	*Half Blue*
Squash	M. W. Blake	*Half Blue*
	D. Hall	*Half Blue*
	P. Sievers	*Half Blue*

J. Nicholas has been elected as Secretary of the Blues Committee for the academic year commencing October, 1961.

ATHLETICS

United Hospitals Championships

June 8th and 11th at Motspur Park

MEN

RESULTS

100 *yards:* 5th D. A. Biggs 10.9 sec.
220 *yards:* 5th D. B. Waters.
440 *yards:* 6th C. B. Boothby.
880 *yards:* 5th C. B. Boothby 1 min. 59.3 sec.
3 *Miles:* 6th A. E. Davis.
1½ *Mile Steeplechase:* 4th A. E. Davis.
120 *yards Hurdles:* 1st D. B. Waters 15.4 sec. (New Record), 4th J. M. Robertson 16.0 sec.
440 *yards Hurdles:* 1st J. M. Robertson 59.4 sec., 4th A. E. Davis 62 sec.
High Jump: 4th D. B. Waters 5 ft. 6 in.
Hop, Step and Jump: 1st D. B. Waters 41 ft. 8 in.
Pole Vault: 5th M. M. Walker 9 ft. 0 in.
Shot: 2nd N. J. Y. Woodhouse 39 ft. 3½ in.
Discus: 4th J. R. Parker 98 ft. 7 in.
Hammer: 3rd J. M. Robertson 87 ft. ½ in.
4x110 *yards Relay:* 4th Guy's (I. Robinson, M. Ribeiro, D. A. Biggs, D. B. Waters) 45.9 sec.
Medley Relay: 2nd Guy's (C. B. Boothby, M. Ribeiro, D. B. Waters, J. M. Robertson) 3 min. 48.5 sec.
Tug-of-War: 1st Round—Guy's beat St. Thomas's 2 pulls to 1.
Finals: Guy's beat St. Mary's 2 pulls to nil.

Result of Championships:

1st St. Mary's 81 points.
2nd Guy's 72 points.
3rd Westminster 68 points.
4th St. Thomas's 5th London.

WOMEN

100 *yards:* 4th Miss G. Walker, 5th Miss P. Barnes.
220 *yards:* 2nd Miss G. Walker 28.4 sec., 6th Miss J. Cousins.
440 *yards:* 2nd Miss G. Walker 64.2 sec., 6th Miss M. Garner.
High Jump: 3rd Miss J. Cousins 4 ft., 5th Miss H. Scott 4 ft.
Long Jump: 4th Miss G. Walker 14 ft. 11½ in., 6th Miss H. Scott 13 ft. 8 in.
Javelin: 2nd Miss A. Barralett 81 ft. 10½ in., 6th Miss H. Scott 61 ft. 2 in.
Shot: 5th Miss A. Mortlock 24 ft. 8 in., 6th Miss J. Hill 20 ft. 1½ in.
4x110 *yards Relay:* 3rd Guy's (Miss Walker, Miss Barnes, Miss Garner, Miss Cousins) 59.1 sec.

Result of Women's Championships:

1st St. Mary's 72 points.
2nd Royal Free 56 points.
3rd Guy's 39 points.
4th King's 25 points.

Guy's have an exceptionally fine record in the United Hospitals Championships, having won them 26 times since they were first held in 1867. In recent years, we won in 1956, 1957 and 1958 and came second last year.

This year's result did nothing to tarnish our reputation. In coming second to St. Mary's we reduced last year's margin of 30 points to less than 10.

This was achieved by having finalists in all but two events and it is fair to say that, with all due respect to those who won, it is the actual number that take part that is a measure of the health and strength of the Club.

It was as usual an efficiently run meeting and the fine if blustery weather produced some good performances.

D. B. Waters was kept extremely busy during the afternoon! Quite apart from competing—the 220 and the High Jump—he put up one of the two new Championship records in winning the 120 yards Hurdles in 15.4 sec. He also won the Hop, Step and Jump with a leap of 41 ft. 8 in., and helped the Medley Relay team to finish 2nd—the creditable time of 3 min. 48.5 sec.

J. M. Robertson in the 440 yards Hurdles was the only other individual winner. N. J. Y. Woodhouse was 2nd in the Shot with 39 ft. 3½ in. and Boothby ran well in the 880 which was won in the new record time of 1 min. 56.6 sec.

Perhaps the highlight of the afternoon for Guy's men was the eclipse of St. Thomas's Hospital who have won the Tug-of-War for the last 11 years! For this great triumph the Athletic Club is grateful to the Rugger Club.

For the first time ever, Guy's entered a Ladies' Team for the Championships. They did extremely well, in the face of strong opposition, to come 3rd. Notable performances were those of Miss G. Walker who just failed to win a most exciting 440 yards and of Miss A. Barralett, who came second in the Javelin with 81 ft. 10½ in.

It was really a very encouraging result but it should be emphasized that if there is to be any chance of winning, 2 people must be entered for each event.

Is it too much to hope that next year Guy's will make it a "grand double" by winning both the Men's and Ladies' Championships?

C. B. BOOTHBY,
Hon. Sec., G.H.A.C.

Guy's v. St. Thomas's Hospital and R.M.A. Sandhurst

At Honor Oak Park Wednesday, 1st June, 1960

RESULTS

100 *yards:* 3rd D. B. Waters 10.3 sec., 4th D. A. Biggs.
220 *yards:* 5th D. A. Biggs, 6th J. R. Glover.
440 *yards:* 2nd C. B. Boothby 53.2 sec., 3rd J. M. Robertson 54.0 sec.
880 *yards:* 2nd C. B. Boothby 2 min. 3.5 sec., 5th J. Oni-Ovison.
One Mile: 3rd P. J. Phipps 4 min. 50 sec., 5th J. Oni-Ovison.
120 *yards Hurdles:* 1st D. B. Waters 15.0 sec., 3rd J. M. Robertson 16.3 sec.
High Jump: 3rd B. V. Bray 5 ft. 1 in., 4th A. G. Child 4 ft. 11 in.
Long Jump: 1st D. B. Waters 20 ft. 3 in., 5th N. J. Y. Woodhouse 19 ft. 9 in.
Shot: 1st N. J. Y. Woodhouse 39 ft. 11 in., 5th A. D. Lloyd-Edwards 30 ft. 7 in.
Discus: 2nd R. J. Parker 105 ft. 3 in., 5th A. D. Lloyd-Edwards 89 ft. 4 in.
Javelin: 5th C. R. L. Evans 141 ft. 11 in., 6th J. A. S. Carvuth 123 ft. 11 in.
4x110 *yards Relay:* 3rd Guy's 48.5 sec.

Result of Match:

1st R. M. A. Sandhurst 95 points.
2nd St. Thomas's 93 points.
3rd Guy's 85 points.

Sandhurst late! However, on such a perfect day, no one except the Secretary complained about the unmilitary lack of punctuality, and athletes from St. Thomas's and Guy's soon found that basking in the sun was a pleasantly passive way of "warming up"!

Nwozo, as if to make up for lost time, won the 100 yards in 9.95 seconds. This was the first of a number of good performances during this close and extremely enjoyable match.

In the half-mile, Boothby had a stiff tussle with Brotherhood of St. Thomas's, just failing to catch him at the post and recording 2 min. 3.5 sec.

The impatient Nwozo clocked 22.6 for the furlong and Waters ran away with the 120 yards Hurdles in the very fast time of 15.0 sec.

Abrams of Sandhurst, a blonde and husky Swede hurled the javelin 168 ft. while Woodhouse put the shot a creditable 39 ft. 11 in. for Guy's.

St. Thomas's won the Relay in 45 sec. and failed by just 2 points to wrest the match from Sandhurst.*

In spite of the late start, the match finished a mere 20 minutes behind schedule. All credit for this must go to our charming and efficient time-keepers, the industrious recorders, and to all the other members of the Club who co-operated so splendidly.

C. B. BOOTHBY.

*Guy's did very creditably, competing against two such strong teams, to come only 8 points behind.

Guy's Ladies' Athletic Club v. St. Mary's and Goldsmith's College

At Paddington Track Monday, 30th May

RESULTS

100 *yards:* 1st Miss G. Walker 12.3 sec., 6th Miss A. Martlock.
220 *yards:* 2nd Miss G. Walker 28.2 sec., 6th Miss A. Barralett.
440 *yards:* 2nd Miss G. Walker 65.2 sec.
High Jump: 4th Miss A. Mortlock 3 ft. 10 in.
Long Jump: 3rd Miss G. Walker 13 ft. 3½ in., 6th Miss S. Bishop.
Discus: 6th Miss J. Hill 52 ft. 2 in.
Javelin: 3rd Miss A. Barralett 58 ft. 9 in.

Match Result:

1st St. Mary's 59 points.
2nd Goldsmiths 35 points.
3rd Guy's 30 points.

LADIES' LAWN TENNIS

Guy's 1st VI v. St. Bartholomew's 1st VI

Semi-finals Inter-Hospitals' Cup

Wednesday, 15th June, 1960

J. Cridlan (capt.) and D. Lagarowska, Won 2, Lost 1.
B. Williams and C. Gladstone, Won 3, Lost 0.
P. Cave and F. MacGregor, Won 0, Lost 3.

Result : Won 5 matches to 4.

Guy's "A" VI v. Middlesex "A" VI

Saturday, 18th June, 1960

B. Williams and C. Gladstone, Won 3, Lost 0.
J. Cridlan (capt.) and A. Thomas, Won 3, Lost 0.
H. Scott and R. Williams, Won 3, Lost 0.

Result : Guy's won 9 matches to 0.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1960:

Department of Conservative Dental Surgery
Part-time Registrars to attend on 3 sessions per week.

Department of Dental Prosthetics
Part-time Registrar to attend on 3 or 5 sessions per week.

Department of Preventive Dentistry
Part-time Registrar to attend on 3 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications with names and addresses of Two referees should be sent not later than **Thursday, 14th July, 1960.**

GUY'S HOSPITAL

Applications are invited for the post of **Junior Registrar (Senior House Officer grade)** in the Ophthalmology Department. The officer would be occupied full time in the Department, which is staffed by two Consultants and three Registrars (part-time).

Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **7th July, 1960.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st August, 1960. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **9th July, 1960,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for a **Research Fellowship in the Department of Pathology,** to investigate the serological aspects of neoplasms. Opportunities for experience in general pathology and teaching. Salary according to experience. Appointment for one year in first instance, renewable up to three years; apply to the Dean, giving names of three referees.

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of **Part-time, Non-Resident Casualty Officer** (Senior House Officer Grade) for six months from 1st August, 1960. Six morning sessions weekly. Salary 7/11ths of full-time rate.

Applications and copies of three recent testimonials should reach the Hospital Secretary by first post on **15th July, 1960.**

GUY'S HOSPITAL MEDICAL SCHOOL S.E.1.

Applications are invited for the following appointments in the Department of Bacteriology:

(a) **Junior Lecturer or Lecturer:** present salary range £900 to £1,100 or £1,150 to £1,750.

(b) **Lecturer or Senior Lecturer:** present salary range *£1,150 to £1,750 or £1,650 to £1,950.*

Salaries will depend on qualifications and experience, with superannuation and family allowance.

Candidates should have a medical or scientific degree and an interest in a fundamental approach to microbiological problems.

Applications should be submitted, on a form obtainable from the Dean, not later than **9th July, 1960.**

BIRTHDAY HONOURS

K.B.E. (Military)

Air Vice Marshall C. A. Rumball, F.R.C.P.

C.B.E. (Civil)

Martin Amsler Rushton, M.D.(Cantab.), F.D.S.R.C.S.

O.B.E. (Military)

Surgeon Commander Clifford Vivian Harries, M.R.C.S., R.N.

SIR ARTHUR SIMS COMMONWEALTH TRAVELLING PROFESSOR

Mr. Hedley Atkins has been appointed Sir Arthur Sims Commonwealth Travelling Professor for 1961 to visit Australia.

UNIVERSITY OF LONDON

Readership

Mr. D. F. N. Harrison, Senior Registrar to the Ear, Nose and Throat Department at Guy's Hospital, has been appointed to the University Readership *in Laryngology tenable at the* Institute of Laryngology.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Lady Cade Medal

The Lady Cade Medal has been presented to Group Captain R. C. Jackson.

Council

The following have been co-opted to the Council for the year 1960-61.

Mr. C. Gill-Carey, Otolaryngology.

Professor M. A. Rushton, Dental Surgery.

PASS LIST

UNIVERSITY OF LONDON

M.S.

D. E. Sturdy

D.Sc.

L. P. R. Fourman

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Final Examination

D. W. Atkinson T. E. Jeffreys
A. P. Blower

CONJOINT BOARD

L.R.C.P., M.R.C.S.

June, 1960

K. C. J. Hughes

NURSING NEWS

Entered :

S/N R. Allan to *Nuffield Theatre.*
S/N S. Coleman to *Surgical X-ray Dept*
S/N J. Fawcett to *Surgical X-ray Dept.*
S/N D. Marsh to *Evelina.*

Left :

S/N A. Thomas from *Nuffield Theatre.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

EXCELLENT OPPORTUNITY for recently qualified Guy's man to obtain secure position in established Dental Practice in Bedfordshire. Vacancy from beginning of July. Box No. 227.

FOR SALE

HISTORY OF GUY'S *1725-1948.* Reduced to clear 5*s.* each. Postage, Packing 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

INDEX 1959 may be obtained free of charge, from the *Gazette* Office, or Wills Library—Binding Cases 5*s.*

BINDING. Have your *Gazettes* Bound 10/6*d.* per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Ackner, Brian. Permissiveness and Firmness in the Psychotherapy of In-Patients. *Comprehensive Psychiatry*, 1960, **1**, 42.

Ackner, Brian. The Relationship between Anxiety, Alerting and Cutaneous Vasomotor Activity. *In* Progress in Biological Sciences in Relation to Dermatology. Edited by A. Rooke, 1960.

Ackner, Brian. Emotional Aspects of Hysterectomy. A follow-up Study of Fifty Patients under the Age of Forty. *Adv. Psychom. Med.*, 1960, **1**, 248.

Anderson, Kevin and others. Transfer of Staphylococcus Pyogenes from Infected to Non-Infected Hospital Beds. *Brit. med. J.*, 1960, i, 1925.

Atkins, H. J. B., Falconer, M. A., Hayward, J. L., MacLean, K. S., Schurr, P. H. and Armitage, P. Adrenalectomy and Hypophysectomy for Advanced Cancer of the Breast. *Lancet*, 1960, i, 1148.

Barnes, R. D. S. The Low Incidence of Gastro-intestinal Symptoms encountered in the Clinical Use of a Chelated Oral Iron Compound. *Practitioner*, 1960, **184**, 789.

Blunt, Michael J. Ischemic Degeneration of Nerve Fibres. *Arch. Neurol.*, 1960, **2**, 528.

Campbell, Maurice, Laevocardia with Transposition of the Abdominal Viscera. *Brit. Heart J.*, 1960, **22**, 432.

Clarke, C. A. *et al.* The Evolution of Dominance under Disruptive Selection. *Heredity*, 1960, **14**, 73-87.

Clarke, C. A. *et al.* The Evolution of Mimicry in the Butterfly *papillio Dardanus*. *Heredity*, 1960, **14**, 163-173.

Clarke, C. A. *et al.* Super genes and Mimicry. *Heredity*, 1960, **14** 175-185.

Clarkson, Patrick. Extensive Scalds (60 per cent. plus) with Survival after Attacks of Bloody Oliguria and Curling's Ulcer. *Proc. R. Soc. Med.*, 1960, **53**, 317.

Coxon, R. V. The Effect of Intragastric Oxygen on the Oxygenation of Arterial and Portal Blood in Hypoxic Animals. *Lancet*, 1960, i, 1315.

Davison, A. N. and Dobbing, J. Phospholipid Metabolism in Nervous Tissue. 2 Metabolic Stability. *Biochem. J.*, 1960, **75**, 565.

Davidson, A. N. and Dobbing, J. Phospholipid Metabolism in Nervous Tissue. 3. The Anatomical Distribution of Metabolically inert Phospholipid in the Central Nervous System. *Biochem. J.*, 1960, **75**, 571.

Grimble, A. S. The Role of P.P.L.O. and Cytoplasmic Inclusions in Non-Specific Urethritis. *Urologia Internationalis*, 1960, **9**, 275.

Havenga, A. Een van die Uitstaande Karakters in die Oranje-Vrystaat se Republiek. *J. dent. Ass. S. Afr.*, 1960, **15**, 154.

Hayward, J. L. and others. Selection of Breast-Cancer Patients for Adrenalectomy or Hypophysectomy by Determination of Urinary 17-Hydroxycorticosteroids and Aetiocholanolone. *Lancet*, 1960, i, 1154.

Huntsman, R. G. and another. Influence of Temperature upon Blood Coagulation in a Cold- and a Warm-blooded Animal. *Nature*, 1960, **186**, 726.

Jackson, F. L. and another. Studies on the Permeability of Tooth Roots to Penicillin. *Proc. R. Soc. med.*, 1960, **53**, 471.

Jarman, Ronald Anaesthesia in Aged Patients. *Med. Pr.*, 1960, **243**, 449.

Knox, Robert. The Biological Character of the Staphylococcus. *Med. Pr.*, 1960, **243**, 533.

Lund, W. S. A Case of External and Internal Laryngocele Associated with Carcinoma of the Larynx. *J. Laryng.*, 1960, **74**, 260.

Northfield, D. W. C. Development in Contrast Radiography. What the Surgeon Needs to Know. *Proc. R. Soc. Med.*, 1960, **53**, 447.

Payne, W. W. and others. Forty Years of Nephrosis in Childhood. *Arch. dis. Childh.*, 1960, **35**, 115.

Rees, R. J. W. and others. Application of quantitative electron microscopy to the Study of *Mycobacterium lepraemurium* and *leprae*. *J. gen. Microbiol.*, 1960, **22**, 443.

Roberts, M. and others. Heparin Histamine and S-HT in a Mast-Cell Tumor. XXI *Int. Congr. Physiol. Sci., Buenos Aires*, 1959, p. 112.

Roberts, M. and others. Fractionation of Heparin from a Mast-Cell Tumor of the Mouse. *Fed. Proc.*, 1960, **19**, 133.

Swann, G. F. Development in Contrast Radiography. Technique of Positive Contrast Myelography. *Proc. R. Soc. Med.*, 1960, **53**, 448.

CHANGES OF ADDRESS

R. Y. Calne, M.B., F.R.C.S., Department of Surgery, Harvard Medical School, Peter Brent Brigham Hospital, Boston, Mass., U.S.A.

Dr. J. H. C. Hunt, Cargen House, Coronation Avenue, City Square, P.O. Box 20022, Nairobi.

F. Mansfield, M.B., B.Chir., Juniper Cottage, Mill Lane, Byfleet, Surrey.

G. A. Marin, F.R.C.S., St. Joseph's Hospital, Sunnyside, Toronto 3, Ontario, Canada.

H. C. Meredith, M.B., B.S., 154, Court Lane, Dulwich, London, S.E.21. (Tel. FOR 5529).

Dr. N. V. Parsons, 1415, Avon Lynn Crescent 2, Vancouver, B.C.

Graham Phillips, L.D.S., 5, Westgate Bay Avenue, Westgate-on-Sea, Kent (Tel. Thanet 31794).

M. Roberts, M.B., B.S., Dept. of Materia Medica and Therapeutics, University Medical Buildings, Foresterhill, Aberdeen, Scotland.

R. H. R. White, M.R.C.P., Mulago Hospital, P.O. Box 351, Kampala, Uganda, E. Africa.

BIRTHS

CRINE.—On 3rd April, 1960, at Southmead Hospital, Bristol, to Ruby (née Rew), and Geoffrey Crine, a son (Timothy), brother for Simon and Alistair.

CRISP.—On 10th June, 1960, at Rustington, Sussex, to Felicity (née Warren), S.R.N., and Paul C. J. Crisp, L.D.S., a daughter.

DAVISON.—On 7th June, 1960, to Sheila (née Rankin) and Murray Davison, a daughter, Shonce Cunningham.

POWELL.—On 13th June, 1960, at Taunton Hospital, to Isabel (née Bedford), wife of John N. Powell, M.B., B.Ch., a son (Timothy John).

ORME-SMITH.—On 18th June, 1960, at Foley House, Bognor, to Elizabeth Ann (née Ridley) and Davis Orme-Smith, B.D.S., a daughter (Charlotte Ann) sister for Sarah.

SELLEY.—On 22nd May, 1960, to Audrey and Wilf Selley, a son (Timothy), a brother for Peter, Michael and Andrew.

MARRIAGES

GREENWOOD—HASQUENCORT.—On 11th June, 1960, at Bridgend, Roger Sterndale Greenwood, M.B., B.S., to Annette Hasquencort, B.D.S.

TREDRE—MORRIS.—On 21st June, 1960, at St. John's Church, Blackheath, Alec F. Tredre, M.B., B.S., to Angela Morris, S.R.N.

DEATH

STEINBACH.—On 27th May, 1960, Charles Horace Steinbach, M.R.C.S., L.R.C.P., of 7, York Place, Knaresborough, Yorks. Aged 78 years.

EDS. {D.N.L. S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1878 16*th July* 1960 *One Shilling*

PASSIM

SOME readers of the *Gazette* may have noticed the column entitled "Medicos Look at," which has appeared from time to time during the last eighteen months, and generally contains comment on some branch of the Arts.

The only direct evidence we have ever received that the article is read by anyone was provided by the occasion last year when the face of one of the rather Sheldonian row of busts in the Medical School was washed, some three months after we had noted the presence of its pencilled squint. Economically washed moreover, just around the eyes, so that now he has a rather owl-like stare.

It is always difficult to gauge the reception of an article; the total absence of criticism in this case is encouraging, but comment is always welcome.

We are sure that all Guy's men will want to join us in offering our sincerest congratulations to Miss J. R. Tanner, until lately First Assistant Matron, on her recent engagement to Mr. H. W. S. Horlock of Bath. We understand the marriage will take place shortly and we wish them both every happiness in the future.

Miss Margaret A. Duncombe, who has been Lady Superintendent of Nurses at the Evelina Children's Hospital for the last six years, has been appointed Matron of the Queen Victoria Hospital at East Grinstead, from 19th September, 1960.

On Monday, 25th July, the Dowager Lady Ebbisham, M.B.E., Chairman of the Guy's Hospital Ladies' Association will open the Derry Roof Gardens in High Street, Kensington, in aid of the Guy's Hospital Ladies' Association Comforts fund. The Gardens will be open daily from 10—5 and on Saturday from 10—12.30.

We would like to congratulate Miss Louisa Dodsley, an old Guy's nurse and a major in the Q.A.R.A.N.C. who was awarded the Royal Red Cross, First Class in the Birthday Honours list.

GUY'S DIARY

JULY			Exhibition. *Amputations.*
18th	M	1.00	Mr. Salmon. Clinical Lecture. *Cholesteatoma.*
19th	T	1.00	Dr. Wayte. Clinical Lecture.
21st	Th	1.00	Mr. Wass. Clinical Lecture. *A Comparison of Surgical Diseases affecting Africans and Europeans.*
22nd	F	1.00	Dr. MacLean. Clinical Lecture. *The Present Day Use of Antibiotics.*
25th	M	1.00	Dr. Moynahan. Clinical Lecture. *Birth Marks and Their Management.*
26th	T	1.00	Mr. Lewis. Clinical Lecture. *Endometriosis.*
28th	Th	1.00	Mr. Glover. Clinical Lecture.
29th	F	1.00	Professor Rushton. Clinical Lecture.

NOTICES

International Congress of Nurses

Immediate application is invited from members of the Guy's Hospital Nurses' League in active nursing, for the two grants of £500 to be awarded by ballot, to enable two members to attend the International Congress of Nurses in Melbourne in April, 1961. The closing date for applications is 10th September, and they should be addressed to the Honorary Secretary of the Guy's Hospital Nurses' League, Matron's office, Guy's Hospital, S.E.1.

J. ADDISON, *Matron.*

Guy's Hospital Theatre Club

SIR,—May I, through your columns, announce the forthcoming production of the Theatre Club. 'I am a Camera', by John van Druten is our choice for November, and as usual, we are looking for workers, both on and off the stage.

Everybody who has read any works of Christopher Isherwood will know his short stories 'Sally Bowles' and 'Mr. Norris changes Trains'. This play is based on these two short stories, and is a fascinating study of 1930 Germany, showing vividly a contact between two characters of widely contrasting natures, in a situation which isn't conducive to either.

If the idea of aiding us, in any way, to put on this production does not appeal to you, then at least we hope you will be entertained by the performance which you attend.

M. O. RAKE, *Hon. Sec.*

Tooth Paste Trial

SIR,—May I through the courtesy of the *Gazette* appeal to all who are taking part in this Survey and who have received an appointment to have further X-rays taken, which for some reason they have not been able to keep, to report to Dental X-ray Dept. (preferably between 2 p.m. and 4 p.m.) on any day before 22nd July.

I am sure that all concerned will realize that the value of the experiment will be limited if our final numbers are reduced.

R. D. EMSLIE.

Department of Preventive Dentistry,

FRACTURES OF THE JAW IN NORTHERN RHODESIA

By W. V. JAMES, F.R.C.S. (Ed.)
Federal Surgical Specialist, Ndola

In Northern Rhodesia fractures of the mandible are a common injury. Any of the larger hospitals deal with approximately one of these fractures every three weeks. Seventy per cent. of the fractures are sustained during a fight, and about 40 per cent. of these are combined with a "beat up" face. The "beat up" injury is artistically performed with boots, and there is gross œdema of the face and neck associated with head or eye injuries and fractures of the skull, zygoma or maxilla. Frequently the patients are also drunk on admission. Other difficulties facing the surgeon are delay in coming to the hospital due to our colleague the "witch doctor", and the patient absconding from hospital (with bedding) if the patient does not approve of the treatment.

Types of fracture seen

In 43 cases there were 16 single fractures of the mandible between the lateral incisor and the last molar tooth, 13 single fractures posterior to the dentition, three midline single fractures and only three fractures of the neck of the mandible. All the eight double fractures had one fracture in the region of the canine tooth on the side opposite the blow, and the other fracture at the site of the blow.

Diagnosis

Standard descriptions of the signs of mandibular fractures are frequently misleading. Classical signs are listed as swelling and pain at the fracture site, irregularity of the bite, deviation of the jaw, and trismus. When the fracture is a part of a "beat up" injury the swelling of the face and throat may obscure any or all of these signs. In the "beaten up" a fracture must be suspected if trismus is present, and confirmed by X-ray. Trismus, however, is not an essential sign and in a hairline fracture the only sign may be local swelling and tenderness with an inability to chew tough foods.

Treatment

The circumstances and the personality of the local African weigh heavily in favour of extra-oral pinning. Forty per cent. of our cases have the "beat up" injury with consequent difficulty in breathing and feeding, and to wire or cap the teeth, besides being dangerous, would not be tolerated by the patient. I used to wire fractures, but patients were unco-operative, and used to abscond from hospital; subsequently we used MacGregor pins, and have not as yet lost a single set of pins. Many of the fractures are compound into the mouth, and oral hygiene is easily performed with extra-oral pinning.

Technique of external pin fixation

The aims of treatment are to restore the fragments to their correct position and to maintain them there until clinical union has occurred. Most of the cases are pinned under general anæsthesia using an endotracheal tube passed through the nose; if the patient is unconscious or has a doubtful airway, local anæsthesia is used. During the operation strict asepsis is observed and the fingers of the operator's left hand are placed in the mouth to steady the fragments and do not come into contact with the instrument or operation site. Two pins are placed in each fragment about one inch from the fracture. The pins are placed at 70° angle to the bone, and 40° to each other. They are inserted in the lower border of the mandible and must not deform the skin otherwise local pressure necrosis of the skin occurs. The pins of each fragment are joined by a bar, and the two bars bolted together. By manipulation of the bolts and the bars, the fracture can be held in a reduced position, and also some compression created at the fracture line.

Of the three fractures of the neck of the mandible, two were undisplaced and treated conservatively. The other fracture was displaced, and an open reduction was performed through an inverted hockey stick incision in the preauricular area. After reduction MacGregor pins were inserted in the fragments, and removed after three weeks.

Teeth in the fracture line have always been a source of debate. Only if the tooth had been fractured, or if the tooth complicated reduction, was it removed. This conservative policy, with the aid of penicillin has as yet given satisfaction.

The pins are removed without anæsthesia, after six weeks. Occasionally we had a "rush" of fractured jaws which necessitated removing the pins from others after four weeks. These fractures were clinically united, but we still try to retain the splints for six weeks.

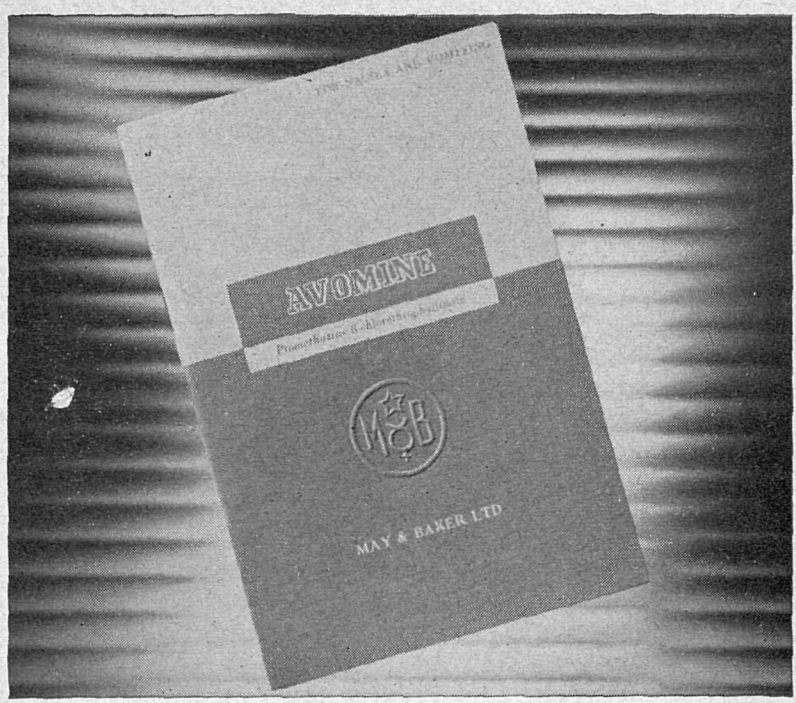
Results

Of the 43 cases all except one had good immediate results. In one case complicated by a severe head injury, the jaw was pinned under local anæsthesia to maintain an adequate airway, and perfect apposition was not attained. There were five cases of clinical sepsis in compound fractures, and all subsided within ten days. Four cases had a small sinus in the pin track after its removal, but all cleared up within two weeks. I think in every one of these cases the pin had caused some skin tension and consequent skin necrosis. On questioning, five cases complained that their bite was deficient, but clinically the bite appeared normal and all said they could masticate normally.

Conclusion

Experience with Africans in Northern Rhodesia indicates that the MacGregor jaw pins are the most efficient method of treatment of fractures of the mandible in that country. Intolerance to immobilization of the jaws, difficulty in feeding and the association of the fracture with head, neck and facial injuries has excluded the use of wiring and capping the teeth in the majority of mandibular fractures.

I would like to thank the Director of Medical Services of Northern Rhodesia for permission to publish this article.



An all-round anti-emetic

'AVOMINE'

trade mark *brand*

PROMETHAZINE 8-CHLOROTHEOPHYLLINATE

M&B offer all present and future members of the medical profession a free booklet on 'Avomine', describing its composition, pharmacological properties, dosage and clinical applications.

Send your request for a copy to

The Medical Information Division, Pharmaceutical Specialities (May & Baker) Ltd, Dagenham

giving the name of your medical school and please state whether you are a clinical or pre-clinical student.

An **M&B** *brand Medical Product*

Manufactured by

MAY & BAKER LTD

Distributors: PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD · DAGENHAM

MA6923/100

CORRESPONDENCE

Letters to the Editor of the Gazette

The Rugby Club

SIR,—May I bring to the attention of your readers that the Sub-Committee set up to examine the Rugby fixture list recommended dropping only two of our current fixtures. I hardly feel that this is indicative of a 'miserably defeatist' attitude, as suggested by your correspondent, Dr. Ive.

The same correspondent goes on to observe that no one has mentioned that it might be better to improve the standard of play, rather than to weaken the fixture ist—that Guy's is no longer receiving rugby players of the high calibre that entered the Hospital in pre-war days is an indisputable fact. But I would be surprised if there were any difference between the spirit and keenness with which the game is played now and that brought to it by our more successful predecessors.

Finally, in reply to your editorial of 18th June, may I say that if last year's results are any guide, there is little likelihood of any of our opponents dropping fixtures with us because of 'boredom'. Here are some results of games against stronger opponents :

Bedford	Lost 12-9	
Cheltenham	Won 9-5	
Rosslyn Park	Lost 6-0	
Aberavon	Lost 20-5	Won 8-0
Coventry	Lost 13-8	Lost 9-8
Richmond	Lost 6-5	
Exeter	Draw 5-5	
Nuneaton	Won 16-6	

The overall record was : Played 26; Won 8; Drawn 1; Lost 17. Points for 212; Points against 287.

We shall be doing our utmost this coming season to reverse the na. ›w margins whereby we lost to some first class clubs as shown above.

Yours etc.,

TERENCE ENGLISH (*Capt. Guy's R.F.C.*).

Guy's Hospital, S.E.1.

SIR,—I feel I must reply to the pessimistic views expressed by *Passim* in connection with the business discussed at the last Annual General Meeting of the Guy's Hospital R.F.C.

As readers already know, it was decided by a democratic vote to reject the suggestion put forward by a sub-committee that some of our stronger fixtures should be dropped.

Although the meeting was not well attended, this was not, I am sure due to general apathy on the part of the members of the Rugby Club. It was more likely due to the inopportune time *i.e.*, 5.30 p.m., the Friday before Whitsun, when most members were on their way home.

The writer of *Passim* was also shocked at the support received from players of the reserve teams. Surely this is not as unexpected as he might think, after all, the changes undertaken by the sub-committee now will not come into force for two or three seasons; let us not forget that it is the reserve team players who are going to be affected by the changes and not the present members of the 1st XV still at the Hospital.

As far as results are concerned I see no reason why we should not look forward to next season with optimism. All the three-quarters with the exception of one,

as well as the nucleus of the pack, will be back, and after all last season we did beat: Aberavon, Nuneaton, Cheltenham, London University, as well as putting up good performances against Coventry, London Irish, Rosslyn Park, Richmond, and Exeter : points for were—212, against 287. As far as the reference to our opponents getting "bored" with us is concerned, I hasten to add that this sort of statement is no solution to our present problem; what is needed at present is encouragement and not discouragement.

In addition, before we decide to drop any fixtures let us not forget the tremendous amount of work put in by our predecessors to obtain our present 1st class fixture list. I gather there were times when some of these famous clubs we propose dropping were clamouring to obtain fixtures with Guy's.

I am sure that many an old Guy's player would be disappointed to see some of the old established fixtures disappear—and after all we are the oldest club in the world with a tremendous history. I see no reason why we should "throw in the towel" just because we are experiencing a lean period. The majority of clubs, we believe, realize these are difficult times for us, they know all clubs go through good and bad periods and I am sure they make allowances accordingly.

What we must guard against is adopting a "defeatist attitude" and in this respect I feel some of the great players from past years can help the club in its present predicament. A little more support at our games, more interest in the general welfare of the club and even advice and encouragement would give the players a tremendous boost and a sense that some people care whether we win or lose.

In conclusion, I must say no side tries harder, or trains harder than the present XV, so why not give them the encouragement they need by turning out to support them in games at H.O.P. and with other London Clubs.

I wonder if those large ominous spaces in the stand and around the ground, so familiar to players of the last decade will be occupied by supporters next season—I hope for the sake and future of the club they are !

Yours etc.,

J. D. R. NICHOLAS.

Guy's Hospital, S.E.1.

SIR,—Dr. Ive's letter in the last edition of the *Gazette* indicates that he has little knowledge or interest in Guy's Rugby. Whatever one's views may be concerning the strength of the fixture list, and this has been discussed and critically examined at some length, it is distressing to read his remark suggesting that no one has thought of improving the standard of play.

Last season many of the 1st XV, and several players from lower sides, commenced training in early July with road-running and weight-lifting sessions. Throughout the season Barry Blackwell went to extreme lengths to build up a fit and enthusiastic side from the limited material available. The 1st XV trained together twice weekly, often missing lectures and other hospital work in order to do so, and many also did individual training on one other day each week. No one who saw Guy's play last season can question the fitness or morale of the side. In addition a strong team was selected to represent the School's XV, and a close contact was kept with the rugby authorities at Cambridge in an effort to attract good rugby players to Guy's.

Players in the lower XV's who showed themselves fit enough and good enough were given their chance; unfortunately there is only a limited number of players at Guy's with the necessary ability and physique to take on such clubs as Coventry and Bedford.

If Dr. Ive has any concrete views on how to improve the play, perhaps he would be kind enough to write to the *Gazette* so that we may all benefit from his suggestions.

Yours etc.,

PETER HARRIS.

Guy's Hospital, S.E.1.

Doctors and Coroners

SIR,—In the concluding stages of Dr. Ian Milnes's interesting lecture reproduced in the last (July 2nd) issue of the *Gazette*, there occurred an anecdote about a doctor who sent an unexamined patient to a psychiatrist. The patient's complaint was of thirst, polyuria and wasting, the psychiatrist's treatment was reported as repetition of luminal previously prescribed. The patient ultimately died of untreated diabetes mellitus.

Any doctor who prescribes phenobarbitone for the symptoms described would not be justified in regarding himself as a psychiatrist, and any psychiatrist who paid as little attention to the patient as a whole as this story suggests, would not be justified in regarding himself as a doctor.

Yours etc.,

DAVID STAFFORD-CLARK.

Guy's Hospital, S.E.1.

The Innominate Club and "Doc" Hancock

SIR,—The fact of being at Guy's when the Innominate Club was formed (1919-25) was not necessarily sufficient to provide anyone with a clue to the Eleusinian mysteries connected with that highly selective club. That it was highly selective one gathers from a recent letter of one of its founders (Dr. Selby) who, whilst stating that not even members of the Staff were necessarily eligible, yet does not state what qualifications were necessary. To most men of that period it was probably completely a matter of indifference, there being in those days little coteries of some interest to themselves but to no one else. To most of us, then in our youthful hey-day, "Doc" Hancock was merely a "nice old chap" who prepared the bodies for dissection and his apotheosis as a member of the exclusive Innominate Club and his glorification in a recent letter as "that remarkable man" has made me and two of my contemporaries of those days wonder what it was all about. Like Rose Dartle, "I merely want to know".

Yours etc.,

G. L. DAVIES.

Hillside,
Midford,
Bath.

The Letter Wreck

SIR,—Everything in hospital takes time—from the slow stately rise of a registrar to the long wait of an impatient outpatient.

So it is more in sorrow than surprise that one remarks upon the two years which have elapsed since we were promised a new postal system in the Colonnade. And a bare two months since, according to *Passim*, a man was seen measuring.

How many lost letters still lie between us and the end of the old letter wreck ?

Yours etc.,

B. BLACKWELL.

Guy's Hospital, S.E.1.

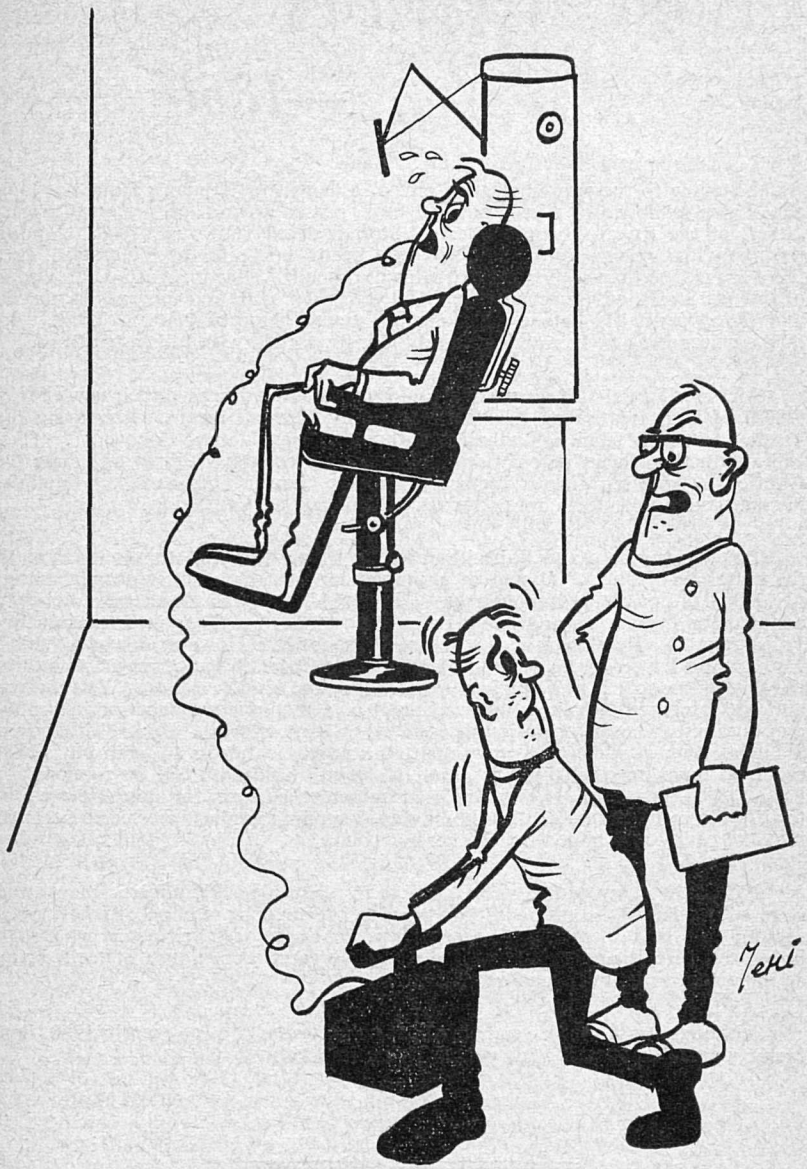
We dislike closing any correspondence; but we must warn contributors on this subject that we cannot print more than one letter on this topic every three months.—ED.

OBITER DICTA

Dr. W. N. MANN, Combined Round. "I look for the aneurysm in his popliteal fossa whenever I see a postillion, which I do from time to time."

Later, when examining a male patient :

"You see, it doesn't *feel* like an ovarian cyst—"



"Much as I hate to shatter your illusions Jones, I assure you that is not the correct procedure for extractions."

Dental Accessories —1860

Listening to the very interesting talk of a dentist in Woman's Hour not long ago, I was reminded of a programme I have, passed down from my great grandfather, of the Royal Olympic Theatre, Strand, dated 16th July, 1860. Among the many advertisements for hair and skin beautifiers, pills for indigestion, etc., there are no less than seven for the treatment of teeth. Messrs. Ward & Crawcour of Oxford Street, advised readers to "Fill your own teeth and prevent Toothache and Decay with the Patent Ivory enamel exact colour of Natural Teeth. In Packets according to Decay, 2/6d. and 3/6d. forwarded with full instructions."

Messrs. Gabriel of Regent Street and Ludgate Hill advertised their new edition (1860) of their treatise on the "Loss and only effectual means of restoring the Teeth. Artificial teeth self-adhesive without springs, a new discovery". They call attention to their "patent Coralite Gum-coloured India-Rubber as a base for Gabriel's celebrated Mineral Teeth and Flexible Gums. One set lasts a lifetime. Neither stumps nor teeth are extracted. From £4 4*s*. 0*d*. the set."

Imagine the pain and ill-health resulting from those old stumps underneath the glittering dentures. Our great grandparents must have suffered enormousiy. Mr. Eskell of Lower Grosvenor Street, W, declared his osteoplastic enamel admirably adapted for front teeth and could be had, post free, for 30 stamps (presumably 1d. stamps ?). He also claimed to fasten loose teeth. However did he do this ? Mr. Edward Davieson, many years Dentist to the Court of Spain, begged to inform the British Public that he had taken up his permanent residence at 448, West Strand, and was prepared to supply artificial teeth of a manufacture superior in beauty and durability to any known in this country, at 10*s*. per tooth. He had discovered a Liquid Enamel which not only imparted a pearly whiteness to teeth but which rendered them impossible to discolour or decay. Sold with full instructions for use at 10/6*d*. per case. It was also used in condensed form for stopping decayed teeth. No mention of a drill for home use—I suppose you just pressed the enamel into the cavity and hoped for the best.

No doubt many people were taken in by these plausible advertisements and were subsequently disillusioned, but between the time of sending off the money for the teeth beautifiers and the receiving of the eagerly-awaited parcel what high hopes our forefathers must have had, the health and appearance of teeth being so important to well-being as we all know.

Although most people grumble about going to the dentist, even in 1960, how lucky we are compared with people living in 1860.

C. COULTER.

OBITER DICTUM

A Nurse in *Sarah Swift :*

"Which speculum should I use to see the Fallopian tubes, Sister ? "

REVIEWS

Aid to Forensic Pharmacy. By H. W. FOWLER. 5th Edition, 1960. Baillière, Tindall & Cox. *Price* 12*s*. 6*d*.

It is unfortunate that the latest of the "Student Aids" series should have been published just now. Important alterations in the Poisons Rules came into force on the 1st April, 1960, and render the book out of date before it has reached the hands of its readers.

The omission of the recent changes in the regulations, particularly those concerning Schedule IV of the Poisons List seriously detracts from the value of the book. Otherwise it maintains the high standards of the earlier editions and of the other publications in the series.

Written principally for pharmacy students it covers the whole Forensic Pharmacy requirements of both the Pharmaceutical Society's qualifying examinations and the University of London Degree in Pharmacy.

Apart from the omission noted above, the author has succeeded in producing a comprehensive yet handy textbook for the student and one which could be equally valuable for reference in subsequent retail or hospital practice. The summary of procedures in Part II is particularly useful in the latter respect.

J.M.

General Anaesthesia for Dental Surgery. By R. S. WALSH. Longmans. *Price* 21*s*.

This book provides an interesting monograph on general anaesthesia for dental surgery as practised in this country. The author, in his introduction, emphasizes that the administration of nitrous oxide for dental anæsthesia is an art rather than a science and one in which proficiency can only be achieved with constant practice.

With this thought in mind, the book systematically reviews the relevant physiology and pharmacology, apparatus, and techniques of induction and maintenance of anæsthesia. There are additional chapters on the management of children, the resistant patient, the assessment of fitness for anæsthesia, anæsthetic emergencies, and a special chapter on anæsthesia for major dental procedures in the operating theatre. There is a final chapter on more recent techniques. At the end of each chapter there are a selection of references for those who would read further.

There are a number of good photographs of apparatus, and of close-ups of the patient's face illustrating the position of the nose-piece, throat pack, etc., but the book would benefit by a picture illustrating the correct position of the patient in the dental chair.

The diagrams are few in number and perhaps a few simple line drawings would have enabled the author to have dispensed with a great deal of laborious description of the internal mechanism of the various machines. The diagram on page 68 is perhaps an unfortunate one, as to the uninitiated it would appear that cardiac massage is done with the fingers and thumb; a method which is liable to rupture the myocardium.

There are few obvious errors. On page 14 the suggestion that cyclopropane has no toxic actions would not meet with general agreement, and the statement on page 15 that thiopentone is not recoverable from the urine is incorrect.

Here and there the advocated techniques differ from the accepted teaching practice in this hospital. It is perhaps preferable for the anæsthetist to stand at the side of the patient rather than directly behind because he can see what is going on and adjust his anæsthetic accordingly. With regard to premedication in children, the administration of drugs has not been found to be very beneficial. Early separation of the child from its parents, and segregation with a number of other children before entering the anæsthetic room, allows time for the upset of the parting to be overcome. The anæsthetist is then not faced with an uncooperative child screaming for its mother.

The book is well produced, and the print is easy to read. It admirably fulfills its limited objective as a monograph for students and general practitioners of both medicine and dentistry.

C.B.

A Primer of Medicine. By M. H. PAPPWORTH, M.D., M.R.C.P. Butterworth & Co., Ltd. 1st Edition. 32*s.* 6*d.*

This rather unique publication is neither a text on clinical methods nor a handbook of medical diagnosis; rather it is an intermediary guide to the successful arrival at solidly supported diagnoses. As such it is written with great conviction, dogmatism and a certain amount of iconoclasm when discussing aspects of clinical teaching which are traditional rather than factual.

The author does not discuss or detail but sets out to teach in the rational and integrated manner that has made him a successful membership tutor for 25 years.

Throughout the emphasis is on basic facts which on reading often seem obvious but which are only too often ignored by the medically immature who prefer to grope wildly into the shadowy labyrinth of misconceptions and recently discovered laboratory tests.

Although the author's aim is fulfilled in all the sections dealt with, particularly praiseworthy are the Neurology and Cardiology chapters which represent his main interests.

The reviewer strongly recommends the reading of this book at a stage when mastery of the basic methods of clinical examination is complete.

G.P.

A Textbook of Human Embryology. By R. G. HARRISON. Blackwell Scientific Publications, Oxford. Pp. 244+xii. *Price* 45*s.*

At first sight this would appear to be a book for which there has been a long-felt want, a book with a short uncomplicated text and plenty of simple illustrations.

Closer examination shows it to be rather unbalanced, nearly one fifth of the text and illustrations being concerned with adult anatomy. Needless to say the treatment of this section is adequate and in parts more than adequate for it includes five separate illustrations of radiographs of injected testes and a full page illustration of the heads of spermatozoa of different mammals. This bias, of course, reveals the research interests of the author but has little else to commend it in a short textbook of human embryology.

The rest of the book is up-to-date, concisely written and in general well-illustrated. The single colour illustration depicting a sagittal section through a human embryo after flexion of the head and tail is a failure: the colour convention is not rigid, green mesoderm should separate blue general body ectoderm from blue neural ectoderm; the mauve of the primitive streak would be difficult to find if one did not know where to look for it. Most of the other illustrations are successfully and suitably stylised. The view of bulboventricular septation, obliquely from the left ventral aspect instead of the right, is novel and also successful.

An overall impression of the text is that it has introduced too many of the words which are 'U' with anatomists without adequate definition. One cannot help feeling that this is teaching on an insecure foundation and that the book cannot stand alone. It will be of value to those with a good grounding in non-human embryology and as an adjunct to a systematic lecture course.

C.P.W-S.

Children in Practice. By JOHN PETERSON. Cambridge University Press. 1st Edition. *Price* 35*s.*

This little book of social medicine divides itself into two sections. In the first the author sets out to discuss the environmental factors which may be affecting children attending one's surgery. In the second he considers the various provisions made by the State and Local Authorities for helping to deal with children.

The first five chapters are preparatory and in places repetitive, and the later chapters are at times over-filled with legislative details.

The author tends to ride off on hobby horses, so that the book could have been shorter, but the end result is a wealth of useful information and stimulating comment drawn from a very wide range of sources. It is a good general review of the subject, well indexed, and a useful little reference book.

G.F.V.

Outline of Orthopaedics. By JOHN CRAWFORD ADAMS. E. & S. Livingstone Ltd. 3rd edition. *Price* 35*s*.

The striking black and yellow dust cover of the third edition of Mr. Adam's "Outline of Orthopaedics" is a departure—a pleasant one—from the more sober jackets to which we are accustomed. The contained book in binding, printing and lay-out conforms to the usual high standards we expect from Messrs. E. & S. Livingstone. The acid test, particularly of orthopaedic books, in this respect is the X-ray reproductions and the majority of these are clear although all tend to have a rather speckled appearance. If one wishes to be critical, figure 135 might be clarified by an arrow pointing to the inter articular defect. A line diagram of the "Scottie Dogs" is always helpful. The other diagrams and plates are excellent.

I feel that 400 pages should be the upper limit in length of an undergraduate text book in a specialist subject, and this work exceeds it by 26 pages although I confess it is difficult to see how one could shorten the book which is well balanced and dispenses with most obscurities. I can only suggest that one or two items such as Sprengel's Shoulder, the Klippel Feil syndrome and Madelung's Deformities be omitted and also the pages on hand infections which are usually well dealt with in standard text books.

The book is divided into three sections, the first is a brief survey of orthopaedic methods, the second a survey of general affections, for example osteoarthritis, rheumatoid arthritis, poliomyelitis, bone dystrophies, etc. The third is devoted to regional orthopaedics, and it is in the latter section that the book is exceptional so far as the undergraduate is concerned. Each chapter has an excellent account of the clinical examination of the region, followed by a brief classification of its common disorders, which are then considered in greater detail, and finally there is a brief account of conditions occurring outside the region but giving symptoms in it.

In conclusion I do not hesitate to recommend this textbook as providing an excellent account of the essentials of orthopaedics which is particularly suited to the needs of the undergraduate student.

A.R.M.

THE OTOSCOPE

THE THROAT SPATULA

MOUTH PROBE

NEVER NEEDS A BATTERY

CHILTON* Accu Lux

POCKET TORCH

RECHARGES FROM ANY A.C. ELECTRIC SOCKET

6 months GUARANTEE

WIDE SELECTION OF ATTACHMENTS AVAILABLE

Ideal for the professional man. Simple, safe and completely reliable. Holds charge indefinitely, cannot leak or corrode. Virtually indestructable, substantial saving after initial purchase. Compact streamlined design, 4 in. long, but robust. Fits easily in pocket or handbag. Cash price 2 gns.

OTOSCOPE attachments with 3 Specular £5.13.4
OTOSCOPE adaptor 16/8. For use with own OTOSCOPE
THROAT SPATULA Kit of 3 and Sterilising Stand 15/–
MOUTH PROBE Kit of 3 and Sterilising Stand 13/6

Professional discounts approved

ARJAY DOMESTIC SUPPLIES LTD., Dept. G.H.G.1, 17-19, GT. UNDERBANK, STOCKPORT, CHESHIRE.

SPORT

ATHLETICS

Guy's v. The London Hospital

At Hale End Wednesday, 29th June

For the last athletics match of the season, Guy's with a team depleted by examinations, were away to the London Hospital at Hale End.

We were well up in the track events—there was a spirited race by Ribeiro in the 220—and Owen won the Discus with considerable ease, but in the remaining field events we fell down rather heavily so that even though we won the Relay fairly comfortably, the London were too many points ahead.

However, they provided us with platesful of sausages and quantities of beer and it was generally agreed that, whatever the result of the match, this was an excellent way of rounding off the term's athletics.

RESULTS

100 *yards:* 2nd M. Ribeiro 10.5 sec., 3rd R. D. Owen.
220 *yards:* 1st M. Ribeiro 23.4 sec., 3rd S. C. R. Evans.
440 *yards:* 2nd C. B. Boothby 54.2 sec., 3rd M. Ribeiro.
880 *yards:* 3rd C. B. Boothby, 4th B. J. Mason.
1 *Mile:* 1st C. B. Boothby 4 min. 48.1 sec., 4th M. C. E. Hutchinson.
High Jump: 1st B. V. Bray 4 ft. 8 ins.
Long Jump: 3rd B. V. Bray, 4th S. C. R. Evans.
Shot: 3rd S. C. R. Evans, 4th R. D. Owen.
Discus: 1st R. D. Owen 93 ft. ½ in., 3rd S. C. R. Evans 80 ft. 5 ins.
Javelin: 3rd S. C. R. Evans 137 ft. 4 ins.
4 × 110 *yards Relay:* 1st Guy's (Bray, Ribeiro, Evans and Owen) 49.3 secs.

Result of Match:

1st London Hospital 80 points.
2nd Guy's Hospital 62 points.

CRICKET

Guy's cricket is having an up and down season at the moment not being able to turn out at its full strength except in Cup matches. In one memorable match the 1st XI took the field with four 1st XI players, four 2nd XI players and three members of the Rugby Football Club. However, let's stop feeling sorry for ourselves—*there will always be exams, flats to paint and* pretty girls in summer dresses—and tell the facts.

CUP MATCHES

FIRST ROUND

Guy's v. King's College Hospital

1st June

Guy's won the toss and put King's in to bat on a green wicket. There was nothing in the atmosphere on such a fine day to help the quick bowlers, Leigh-Brown and Trevelyan. However, they started the slow tumble of wickets until Cook and Gibson took their places. Cook with immaculate length pressed the batsmen with subdued concentration while Gibson with his curious action and flight played the batsmen into false shots and his analysis was barely a reward for his excellent bowling. At lunch King's were 79—8 and it took only 20 minutes to dismiss them for 108. The fielding was excellent.

On a pitch playing very easily Guy's had very little difficulty in getting the runs in even time.

King's College Hospital—108.
Guy's 109—2 (Huins 46, Juniper 37*).

SECOND ROUND

Guy's v. Charing Cross

15th June

It was a miserable drizzly day with no outlook for a change as both skippers elected to play on. Charing Cross won the toss and elected to bat. It was soon seen that Guy's were to be on top. Pagliero held a slip catch of Leigh-Brown in the first over and a catch in the short legs off Myall in the second. Myall was swinging the ball into the batsman considerably. Once again wickets fell easily with only Phelps of Charing Cross putting up resistance. Gibson once again without practice due to sector and exams bowled accurately.

Guy's were left the very simple task of 66 runs in four hours which Huins and Juniper hit off comfortably.

Charing Cross—66.

Guy's 67 for 1 (Huins 35*, Juniper 27*).

Guy's v. Dulwich Hamlet

June 5th

This game showed the versatility of this bunch of footballers. On an easy paced wicket they hammered 250 runs in 150 minutes. They were particularly helped by extremely bad fielding. However, the crumbling of the pitch was no excuse for Guy's poor reply.

Dulwich Hamlet—253 for 3 declared.

Guy's Hospital—85 (D. Roberts, 30).

Guy's v. Crofton Park

6th June

This, an always welcome fixture with our old rivals, was in danger of being spoilt by the rain that fell during the afternoon. Guy's were helped by a good opening stand of 73 by Tim Huins and David Roberts and Mike Pagliero was able to declare leaving Crofton Park the task of getting 149 runs in 105 minutes. Characteristically, this great team of sportsmen went for the runs and at 108 for 7 things looked good for Guy's. However, the tail wagged, indeed it swished vigorously and Crofton Park won with two minutes to spare. Everyone, delighted, charged out of the rain and continued the match in the bar.

Guy's Hospital—148 for 6 declared (Huins 42, Roberts 30, Norman 24*).

Crofton Park—149 for 7 (Huins 4 for 22).

Guy's v. Nomads

Sunday 12th June

Guy's fielded a weak team to a strengthened Nomads whose luck has been out with Guy's for the last 12 years. Their batsmen toiled slowly and eventually gave up to Trevelyan and Pagliero, having been completely demoralised by the pace and hostility of Derek Biggs playing his first game after his rugby injury. A fair declaration was made impossible by rain and Guy's with nothing to gain stuck it out admirably against Colin Smith, ex-Lancashire bowler, bowling on a very helpful wicket.

Past v. Present

The event of the year—white trousers see the first light of summer—muscles know their first painful contraction. John Williams quite wisely felt that no more than two such individuals could be allowed on the pitch at once—at least at first—and elected to bat. Ian Munro persevered painfully (we may add—not to us) to 53 glorious runs with such words as "These chaps are too good"; "I'll die if I don't get a drink". This innings proved to be the backbone of the Past's score. Graham Bury never had a chance—with Mike *Pagliero and Geoff Cook gunning for him and* a determination to remove the ball from the *playing field he was morally defeated at long off* by Pagliero's bowling and in fact defeated by Cook. George Scott and Noel Glover provided the highlights of the day. Having scored their honorary singles the scene was set. Mr. Glover, maybe due to the heat, sat on his wicket and promptly disappeared into the wings. One doesn't know with what heart he was summoned back to fight. In fact he batted very well, being undefeated at the end and with one splendid shot, a square cut to long on, one wondered whether he was a prodigy of Compton, or C mpton of him. George Scott also batted sensi nd the shuffling between the wickets, was exc ent.

Guy's had little difficulty in knocking off the *runs, largely through a stand of 101 for the first* wicket and a quick 29 by Paul Sievers in as many minutes.

A beer match followed and Guy's were on *the last ball of the day.*

This was cricket at its best for the spectator. Annually it is always enjoyable. We hope sincerely that more Guy's present and particularly more Guy's past will come and watch next year.

I. Munro, ct. Sievers, b. Pagliero	.. ..	53
J. Cook, b. Leigh Brown	.. ..	3
J. Williams, b. Williams	.. ..	4
M. Langman, l.b.w. Cader	.. ..	12
D. Atkinson, ct. Sievers, b. Cader	.. ..	21
G. Bury, c. Sievers, b. Cook	.. ..	5
F. Trist, run out	.. ..	1
G. Scott, ct. Myall, b. Cook	.. ..	21
F. Glover, not out	.. ..	29
T. Clark, ct. Sievers, b. Pagliero	.. ..	0
J. Barber, b. Pagliero	.. ..	2
Extras	.. ..	5
Total	.. ..	156

Bowling:		
Leigh-Brown	6—1—16—1	
Biggs	4—0—18—1	
Williams	5—3—11—1	
Cook	15—1—55—2	
Cader	4—0—24—2	
Pagliero	8.4—1—27—3	

Huins ct. Williams, b. Langman	.. ..	58
Juniper, ct. Scott, b. Atkinson	.. ..	41
Cader, b. Langman	.. ..	4
Myall, run out	.. ..	2
Sievers, not out	.. ..	29
Roberts, not out	.. ..	14
Extras	.. ..	9
Total for 4 wickets	.. ..	157

Bowling:		
Trist	9—0—55—0	
Barber	3—0—15—0	
Atkinson	6—1—44—1	
Langman	6—0—31—2	

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors invite applications for the appointment of **Consultant Dental Surgeon** for attendance on two sessions a week. The appointment is of consultant status and applicants should hold a registrable dental qualification and an additional higher qualification. The conditions of service will be in accordance with the Terms and Conditions of Service of Hospital Dental Staff. Applications (one copy), together with the names of three referees, should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **10th August 1960.**

In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

GUY'S HOSPITAL

Applications are invited for the post of **Junior Lecturer or Lecturer in Pharmacology.** Initial salary will be £950 or £1,250 plus £60 London Allowance, with superannuation and family allowance.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **31st July, 1960.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st August, 1960. The Unit, which is housed in Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **23rd July, 1960** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of **Resident House Physician (with Casualty Duties)** for six months from 1st September, 1960. Appointment recognised for the D.C.H. Candidates must be registered practitioners, and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **29th July, 1960.**

HOUSE APPOINTMENTS

1ST SEPTEMBER, 1960

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st September, 1960.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians 2
(1 *Pre-Registration*)
(To commence 1.9.60)
(1 *Pre- or Post-Registration*)
(To commence 1.11.60)

Throat and Ear and Ophthalmic House Surgeon (*Pre- or Post-Registration*) .. **1**
(Three months at Guy's Hospital followed by three months at New Cross Hospital for E.N.T. duties only.)

Children's House Physician (*Pre-Registration*) 1
(Second six months only).

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

Neurological House Physician 1
(*Post-Registration*)

Dermatological House Physician (*Resident*) .. 1
(*Post-Registration*)
(To commence 1.11.60)

House Physicians in the York Clinic 2
S.H.O. (To commence 1.10.60)

Resident Anaesthetists (*Post-Registration*) .. 1
S.H.O. 1

The Medical Committee will also consider applications for posts at outer Hospitals as follows :—

HITHER GREEN HOSPITAL

House Physician (*Pre-Registration*) .. 1
(To commence 14th September, 1960
Locum from 30th August, 1960)

JOYCE GREEN HOSPITAL

House Physician (*Pre-Registration*) .. 2
House Surgeon (*Pre-Registration*) .. 2

LEWISHAM HOSPITAL

House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1

NEW CROSS HOSPITAL

Senior House Officer (Medicine) (*Post-Registration*) 1
House Surgeon (General Duties) *Pre-Registration*) 1

ORPINGTON HOSPITAL

House Surgeon (General Duties with Orthopaedics) (*Pre-Registration*) 1

PEMBURY HOSPITAL

House Physician (*Pre-Registration*) .. 1
(To commence 1st October, 1960)

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician (*Pre-Registration*) .. 1

House Surgeon (*Pre-Registration*) .. 1

SEAMEN'S HOSPITAL, GREENWICH

House Surgeon (*Pre-Registration*) .. 1
House Physician (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office, not later than **Saturday, 30th July, 1960.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

APPOINTMENT

H. R. C. Riches, M.D., M.R.C.P., has been appointed Consultant Physician to the Harefield Hospital, Harefield, Middlesex.

PASS LIST

UNIVERSITY OF OXFORD

2nd B.M. Examinations

Trinity Term, 1960

Pharmacology and Principles of Therapeutics
C. F. P. Wharton

General Pathology and Bacteriology
P. C. H. Newbold

Medicine
S. R. Meadow

Surgery
*J. L. Lane S. R. Meadow

*Has qualified B.M., B.Ch., Oxon

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Easter Term, 1960

Part I—Pathology and Pharmacology

P. S. E. G. Harland
*A W. McKenzie
I. C. McLellan
*P. J. F. Nicholson-Lailey

Principles and Practice of Physic

B. Blackwell
C. C. Chan
*R. J. Cockerill
*R. A. F. Cox
*Patricia H. Curry
*N. J. Gross
I. W. F. Hanham
*P. W. R. Harris
*W. G. Hartfall
*R. J. Heald
C. N. Mallinson
*P. J. F. Nicholson-Lailey
*I. D. B. Rennie
*S. O. B. Roberts
*M. T. Scott-Kerr
*R. H. C. Vaux
R. C. Westbury

Principles and Practice of Surgery

B. Blackwell
*R. J. Cockerill
*R. A. F. Cox
*Patricia H. Curry
*N. J. Gross
*P. W. R. Harris
*W. G. Hartfall
*R. J. Heald
I.C.McLellan
*P. J. F. Nicholson-Lailey
*I. D. B. Rennie
*S. O. B. Roberts
*M. T. Scott-Kerr
*R. H. C. Vaux

Midwifery and Gynaecology

*R. J. Cockerill
*R. A. F. Cox
*Patricia H. Curry
*N. J. Gross
I. W. F. Hanham
*P. W. R. Harris
*W. G. Hartfall
*R. J. Heald
I. C. McLellan
C. N. Mallinson
*P. J. F. Nicholson-Lailey
*I. D. B. Rennie
*S. O. B. Roberts
*M. T. Scott-Kerr
*R. H. C. Vaux

*Have qualified M.B., B.Chir., Cantab.

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination
June, 1960

Anatomy

J. N. C. Atkinson
V. Borirakchanyavat
N. S. Faithful
L. C. Nash
J. H. Ransford
S. A. Sughayyar

Physiology

J. N. C. Atkinson
Mehrbanoo Faruhar
B. S. Kalsi
L. C. Nash
R. J. Parker
J. H. Ransford
S. A. Sughayyar
V. Tanboonrithi
A. Thomas

Pharmacology

C. J. Atkins
A. C. Bird
C. B. Boothby
I. M. Boyd
N. E. Burrows
Ann G. Creighton
J. N. Crossley
P. Curtis
J. M. Forsythe
S. A. Goodwin
W. R. Hain
J. A. Hanne
M. M. Ilahi
M. N. Jacoby
Mary Lake
S. Lal
D. J. Lintott
A. Martin
Rosemary R. Millis
A. R. Nathoo
P. J. Nicklin
M. D. O'Brien
B. J. D. Peatfield
J. C. Simpson
D. T. M. Smith
Rosalind A. Smith
P. J. Snow
D. R. Turner
R. O. Weller
L. J. F. Youlten

SOCIETY OF APOTHECARIES OF LONDON

Pathology, Bacteriology, Social and Preventive Medicine and Forensic Medicine.

*Than Tut

*Has completed the examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination

June, 1960

Part I—Surgery

R. W. W. Betts
M. H. Craft
A. Graham
Helen P. E. Green
P. N. Hirschmann
C. J. McAleer
R. H. Mummery
N. Nath
A. J. Parratt
D. C. Phillips
R. Preston
A. D. Skinner

Part II—Dental Surgery

C. T. Brooks
H. Cannell
Annette L. Chapman
Barbara M. Cox
M. J. Downing
Ellen Dybing
Ann R. Feakes
W. J. Humphreys
M. Mahendra
P. H. Morse
N. Nath
K. A. Robertson
D. A. B. Shakerley
M. J. Watts
Elizabeth A. Welch
W. L. Wiseman

CHARTERED SOCIETY OF PHYSIOTHERAPY EXAMINATION

Pass List—May, 1960

PRELIMINARY

M. D. Abbott*
S. C. M. Anstee
M. A. Barralet
F. S. L. Campbell
M. E. Elliott
M. E. Ellis
V. A. Head
J. A. Hicks
L. A. John
M. M. Johnson
B. C. Jones
M. B. King
V. M. Oliver*
H. C. Setchell
C. W. Shelley
C. P. Ward

INTERMEDIATE

S. Adamson
C. J. Boxall
A. M. Collar
A. M. Curtis
B. J. Grant
E. Hodgson
C. Jaeger
F. T. James
V. M. Jaques
P. Knowles
C. A. Miller
P. A. Norman
J. N. Rail
E. C. M. Russell**
P. Stockton
C. V. Williams

FINALS

R. A. Cash
E. E. Davidson
C. M. Dingle
J. Grover
G. A. Hayman
D. Meldrum
A. L. M. Poole
J. A. Russell
S. M. Searchfield
G. B. Smith
J. Sykes
P. Tofts
R. E. Wright

TEACHERS PART II

M. G. H. Evans

*denotes credit

NURSING NEWS

Promotion :
Sister M. Allen to *Ward* 4A, *New Cross.*

Transferred from New Cross to Guy's
Sister Hollinghurst—Administrative Sister, Matron's Office.

Entered :
S/N R. Bolshaw for *Night Duty*

Left :
S/N M. Heath from *New Cross Theatres.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.
Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

REQUIRED

GUY'S MAN requires young, well qualified, congenial and hard working Dental Assistant with definite view to partnership in one of the oldest qualified practices in the County. Three partners at present, a fourth is required. A practice of all round excellence. C. G. Wright, 19, Waterloo Place, Leamington Spa.

WOKING. An Assistant Dental Surgeon with view to partnership. H.S./A.H.S. experience an advantage. This is a modern, well equipped four surgery practice with its own dental laboratory. Prospects are excellent for a dental surgeon of integrity who is interested in joining a dental practice as a partner after an introductory period. G. Sperryn-Jones and L. Warrington, 125, Chertsey Road, Woking. Tel. Woking 1784.

DECEMBER—Assistant in busy conservative Dental Practice, East Sussex town near coast with view possible eventual succession. Remuneration by arrangement. Full chairside and Secretarial Assistance. Clinical freedom. Box No. 228.

DENTAL RECEPTIONIST for a practice at Horley, Surrey. Preferably with previous dental or nursing experience. Box No. 229.

TO LET

CORNWALL—Caravan 3/4 berth, Roseland, Nr. Portscatho. 20 yards from beach. Safe boating and bathing. July-August £7 7*s.* 0*d.* Sept. £6 6*s.* 0*d.* Box No. 230.

FOR SALE

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage, Packing 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

INDEX 1959 may be obtained free of charge, from the *Gazette* Office, or Wills Library—Binding Cases 5*s.*

BINDING. Have your *Gazettes* Bound 10/6*d.* per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Blake, G. C. and another. Acute Streptococcal Gingivitis. *Proc. Brit. Soc. Periodontol.*, 1960, **9**, 41.

Blumenthal, C. J. Malnutrition Keratitis. *Proc. Nutr. Soc.*, 1960, **19**, 92.

Brock, Sir Russell. The Present Position of Cardiac Surgery. *Brompton Hosp. Rep.*, 1959, **28**, 95.

Brock, Sir Russell. Direct Operations in Tetralogy of Fallot. *Brompton Hosp. Rep.*, 1959, **28**, 122.

Citron, K. M. and others. Inhalation Tests of Bronchial Hypersensitivity in Pollen Asthma. *Brompton Hosp. Rep.*, 1959, **28**, 21.

Covell, Sir Gordon. Relationship between Malarial Parasitaemia and Symptoms of the Disease. A Review of the Literature. *Bull. World Hlth. Org.*, 1960, **22**, 605.

Emslie, R. D. Oral Hygiene. *Proc. Brit. Soc. Periodontol.*, 1960, **9**, 29.

French, E. B. and another. St. Anthony's Fire Rekindled. Gangrene due to Therapeutic Dose of Ergotamine. *Brit. med. J.*, 1960, ii, 28.

Fry, John. What happens to our Neurotic Patients. *Practitioner*, 1960, **185**, 85.

McArdle, B., Mackenzie, I. C. K. and Webster, G. R. Studies on Intermediate Carbohydrate Metabolism in Multiple Sclerosis. *J. Neurol. Neurosurg. Psychiat.*, 1960, **23**, 127.

CHANGES OF ADDRESS

W. D. Callum, M.R.C.S., L.R.C.P., 268, Shipbourne Road, Tonbridge, Kent.

P. F. S. Court, F.R.C.S., Le Vieux Clos, Rue de Martin, Sark, Channel Islands.

A. J. Membrey, M.B., B.S., Kingswood Birches, Pembury Road, Tunbridge Wells, Kent. (Tel. Tunbridge Wells 1414).

M. G. Penrice, S.R.N., 24, Church Road, Richmond, Surrey.

ADOPTION

CLARK.—By Sheila (née Gilbert), S.R.N., and Jim Clark, M.B., B.S., a son (Sean), now aged 6 months.

BIRTHS

BERESFORD.—On 4th July, 1960, at Queen Charlotte's Hospital, to Gillian (née Mann), S.R.N., and George Beresford, L.D.S., a son (Neil Patrick), a brother for Jacqueline and Guy.

CALDER.—On 4th June, 1960, at Frimley Hospital, Surrey, to Eileen (née Vidat), S.R.N., and Malcolm Calder, a son (Colin Andrew), a brother for David.

KAPFF.—On 18th June, 1960, to Margaret (née Ellingworth), wife of Peter Kapff, M.B., B.S., a son, brother to Richard and Pollen.

LEE POTTER.—On 20th June, 1960, at R.A.F. Hospital, Ely, to Lynda, wife of F/O Jeremy Lee Potter, M.B., B.S., R.A.F., a daughter (Charlotte Brodie), sister for Emma.

MEMBREY.—On 27th June, 1960, at Tunbridge Wells Maternity Home, to Priscilla (née Atkinson), S.R.N., and Anthony Membrey, M.B., B.S., a son (David John).

NELSON.—On 28th June, 1960, to Jean and Ian Nelson, L.D.S., a daughter (Sophia Louise), sister for Julie, Nicola and Justin.

SILCOCK.—On 19th June, 1960, at Horley, Surrey, to Shirley (née Gee), and Elfrid E. Silcock, B.D.S., a daughter (Jane Catherine).

WOLFSOHN.—On 28th June, 1960, at Cape Town, to Annette and Wally Wolfsohn, L.D.S., a daughter (Leora Lee), a sister for Roger.

WYARD.—On 6th July, 1960, to Margaret and Sidney Wyard, B.A., Ph.D., a daughter (Sarah Margaret).

DEATH

TOMES.—On 24th June, 1960, Edgar Arthur Tomes, L.D.S., R.C.S., of 11, Gilkes Crescent, Dulwich, S.E.21.

EDS. { D.N.L. / S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1879 30*th July* 1960 *One Shilling*

PASSIM

NOW is the time when the Chief tends to be on the Adriatic coast, the Registrar is preparing for a holiday in Devon with his children, and the student trying to decide between a trip abroad and a visit home is wondering why it is that he has only four weeks holiday a year.

The answer is not obvious. If students were permitted six or even eight weeks holiday, they would still receive 11 weeks teaching out of the total 13 of each appointment. No difficulty is encountered in finding substitutes for duties, indeed the present size of firms makes the rest of the firm positively pleased when fellows are away.

Not all students would take extra holiday: not all take the present allocation. Many students who live near London go home at week ends, but for those who live afar it is impracticable and economically impossible to go home for week-ends or bank holidays. Moreover, the highly organized and thorough Guy's course excludes 'long' week-ends. These students have about two weeks home life a year, and it is they (and their family) who would most welcome more holiday.

It is certain that part of such holiday would be used as it is now in reading and revision directly before examinations. We would not pretend that all extra holiday would be spent in this way, or that a student needs holiday in the way that he may later in life. But he is shortly to have a job with, at first, necessarily limited holiday, and it is a pity if he can't take advantage of present freedom.

We cannot help wondering if the present holiday regulation has been considered recently, and perhaps for good reason retained, or whether it is a legacy of the days when firms were small, dressers did the dressings and students were indispensible.

We would like to congratulate Mr. Patrick Clarkson on his recent election as an honorary member of the American Society for Surgery of the Hand. We understand that the Society has only three other honorary members.

Mr. Clarkson is also to be the Chairman of the Open meeting on Hand Surgery to be held at the Royal College of Surgeons on 19th November, under the auspices of the 'Hand Clubs of Great Britain'.

By definition it is difficult for a museum to keep up with the times, and so it is a remarkable feat for the Curator and staff of the Gordon Museum to have instigated the recent plastic revolution.

For several years a rehousing programme has been underway: the old leaking dwellings of the specimens being condemned and replaced gradually with elegant perspex constructions (of design not unlike a modern office block). More recently the catalogues also have been given a new lease of life, the pages being re-typed and individually enclosed between polythene sheets. The final effect is most pleasing and we hope that this laborious and costly work—each page costs one shilling—will have the result it deserves of a long life. Neither pencil nor pen will write on the new pages, which will thwart the students who like to improve upon the opinions of Addison, Bright and others; in any case as Mr. Ireland says "not all the comments were medical".

It is good to see the Gordon Museum maintain and improve upon its traditional excellence. A few of us, however, will mourn the passing of one old friend, the "yellow star for common conditions" label, which helped and gave confidence to many generations just before their examinations. It must be the price of modernisation: there is little place for fresco on a modern office block.

The presentation of a cheque for £100,000 to the Dean for the endowment of a Chair in Child Health and Research understandably received much national publicity. It is the first instalment of a promised £2 million from the National Spastics Society. This magnificent sum will certainly put Guy's in the forefront of Child Health research, and the new large research unit should enable great advances to be made in the field of spasticity and other allied conditions of children.

Artfully released between the English Autumn collection and last week's Parisian fashion news come details of a new uniform for Guy's nurses. The puzzling picture in the *Nursing Times* shows a model apparently having difficulty doing up the top bit, which immediately suggests to those in the know that it can't be any different from the present uniform. In fact it is.

Matron's office is reluctant to disclose information of this fateful, detailed but inevitably all enveloping design, since it has not yet been finalised. Our fashion correspondent, undeterred by lack of information, studied the photographs thoroughly. He announces that the suggested designs whilst appearing in July 1960, owe little to Cavanagh's loose flowing line or to St. Laurent's dropped waist; and in view of the absence of red fox lining or pearl drop embroidery he thinks it unlikely to have been designed by Hartnell (he is quite right for it was designed by students of Barrett Street Technical College). He goes on to state with confidence that this new uniform will look considerably more attractive on several nurses of his own acquaintance. And with that we agree.

NOTICES

The Worshipful Society of Apothecaries of London

MACCABÆAN PRIZE AND MEDAL

Through the generosity of the Maccabæans, the Faculty of the History of Medicine and Pharmacy of The Worshipful Society of Apothecaries is able to offer an annual prize of 25 guineas, with a bronze medal, for the best original essay on a subject connected with the history of medicine or pharmacy written by an undergraduate or graduate under the age of 30. The first annual prize will be awarded for an historical essay of not more than 5,000 words on ONE of the following :

The Relations Between Botany and Medicine.

The Relations Between Chemistry and Medicine.

The Relations Between Physics and Medicine.

The essay may contain original sketches or photographic illustrations and should preferably be typewritten on quarto paper, but this is not a condition of entry. On a separate sheet attached to the essay should be written the candidate's name, date of birth, and the name of his or her university, college, medical school, or school of pharmacy. None of these particulars should be written anywhere on the pages of the essay itself. Those who wish to compete for the prize must be under the age of 30 on 15th March, 1961, and should send their names, before 15th September, 1960, to : Dr. F. N. L. Poynter, The Honorary Secretary, The Wellcome Historical Medical Library, 183, Euston Road, London, N.W.1. The last date for the receipt of the completed essays is 15th March, 1961. The prize will be awarded at the Second Annual Students' Lecture in Apothecaries' Hall in June, 1961.

Mental Health Research Fund

STUDENT PRIZES AND TRAVELLING FELLOWSHIP IN PSYCHIATRY

The Mental Health Research Fund awards annually to Medical Students and Doctors in their Pre-Registration Year three Monetary Prizes and a Travelling Fellowship as the result of an essay competition on a subject relating to mental health, and a subsequent interview.

Applicants gaining the top three places in the essay competition will be given prizes of £100, £50 and £25 respectively.

The Travelling Fellowship, tenable in a Psychiatric or other Department abroad for up to six months, will be awarded as the result of an interview combined with consideration of the candidate's undergraduate record. Persons interviewed will be chosen from the top ten in the essay competition. The travelling fellowship will normally be taken up at the end of the pre-registration year or, in the event of it being awarded to a medical student, may be taken up after qualification.

The subject for the essay this year is " *Discuss the Present Status of Biochemical Research in Schizophrenia* ".

The Panel of Examiners consists of two members of the Research Committee of the Mental Health Research Fund and one member of the Association of Teachers of Psychiatry in Undergraduate Medical Schools.

Essays should be sent, before 1st March, 1961, to the Secretary, Research Committee, Mental Health Research Fund, 39 Queen Anne Street, London, W.1 (Tel. WELbeck 1272), from whom further details may be obtained.

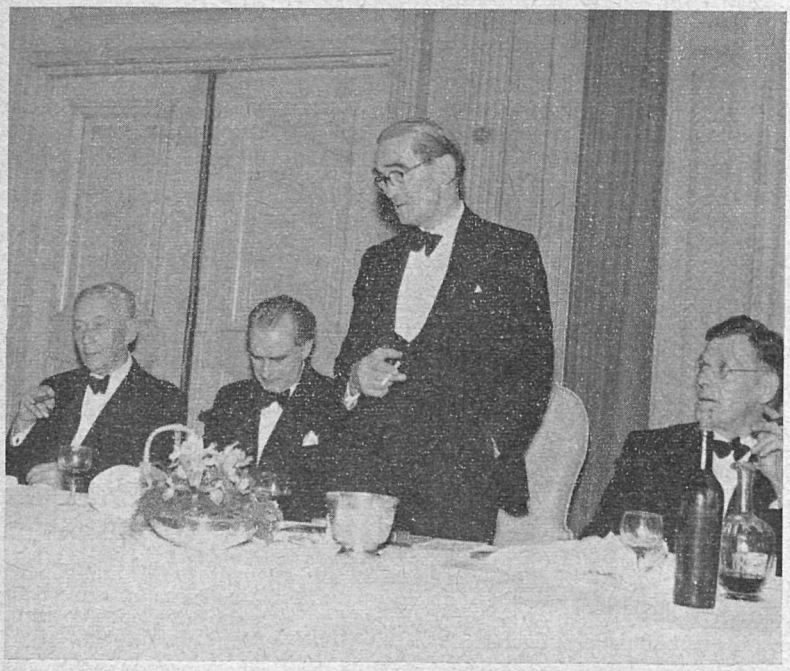
The Innominate Club, 1921

Forty-six members and guests were present at the annual dinner held at the Trocadero Restaurant, on Friday, 27th May, 1960, under the Chairmanship of N. L. Lloyd, C.B.E.

This meeting was memorable for the presentation by the Club of an inscribed oak chair to the Anatomy Department in memory of "Doc" Hancock, first President of the Club.

Sir Heneage Ogilvie made the presentation on behalf of the Club to Professor R. Warwick who received it on behalf of the Anatomy Department.

The chair and a photograph of "Doc" Hancock, with a short citation of his career on the reverse, are now installed in the library of the Anatomy Department and can be viewed by those interested.



Sir Heneage Ogilvie; Professor Warwick; N. L. Lloyd (Chairman), and G. F. Gibberd

Sixty Years Ago

Passim, 11th August, 1900.

Considerable excitement was caused in the neighbourhood of Maze Pond last Wednesday by the appearance of a motor car outside the college gates. The crowd which springs suddenly from nowhere on any occasion of special interest, was moved to rapturous applause when two externs appeared from the college, with bag in hand, and with an obviously assured air of nonchalance took their seats in the conveyance. Progress was somewhat impeded by the large number of children who found resting places on the gear cover and who resisted all efforts at dislodgment. Up to the time of writing the ultimate fate of these pioneers in locomotion has not yet reached us.

Dental Extractions in Haemophiliacs

by

Peter Wolf, M.D.,

*Member of the External Scientific Staff of the Medical Research Council, attached to Lewisham Hospital, London, S.E.*13.

This discussion is based on the experience gained from 21 dental extraction operations, most of them multiple extractions, in 18 patients with classical hæmophilia of varying degrees of clinical severity. It is easier to treat these patients if the doctor has some knowledge of the nature of the coagulation defect and the way in which it affects clot formation.

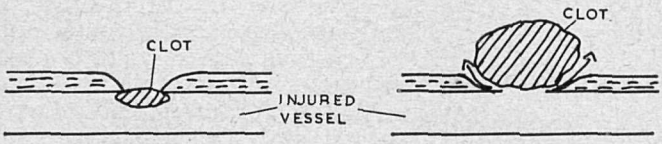
In a normal subject, blood clots when there is a sufficiently high concentration of thrombin (formed from conversion of prothrombin) to react with the plasma fibrinogen converting it to the insoluble fibrin. There are two essential mechanisms for prothrombin conversion, (1) an extrinsic conversion which requires a tissue factor from outside the blood stream, and (2) an intrinsic conversion in which all the necessary constituents are already present in the blood stream.

Extrinsic prothrombin conversion occurs when blood comes into contact with injured extra-vascular tissue; after a delay of only a few seconds there is a complete conversion of prothrombin and the blood clots. In addition to the tissue factor and plasma prothrombin this process also requires the presence of a number of different plasma proteins, but does not require the presence of anti-hæmophilic factor. This process is therefore normal in classical hæmophilia and hæmophilic blood will coagulate as well as normal blood when it comes into contact with disintegrated tissue.

Intrinsic prothrombin conversion probably operates continuously in the blood as it circulates, but the conversion is so slow that the thrombin which is being produced continually is adequately neutralized by the anti-thrombins before it has time to react with the fibrinogen, and so no intra-vascular clotting normally occurs. Intrinsic prothrombin conversion is appreciably accelerated when blood comes into contact with the damaged intima of blood vessels, when the production of thrombin is sufficient to form a localized blood clot. In a normal person, a vascular defect will therefore be sealed by a layer of fibrin deposited in and around the damaged area, the structure being reenforced by platelets trapped and intimately entangled in the fibrin layer. Intrinsic prothrombin conversion to function normally requires the presence of a number of plasma proteins one of which is the anti-hæmophilic factor, so that in a patient with classical hæmophilia, intrinsic thromboplastin formation will be abnormal.

The exact mechanism which accelerates intrinsic prothrombin production is still unknown. Experimentally, it can be initiated by allowing blood to come into contact with a water wettable surface such as glass. When blood from a vein is collected into a glass tube, there is a delay of three to six minutes before there is an explosive production of thrombin and the blood clots. In severe classical hæmophilia, the clotting of the blood in glass tubes is found to be grossly prolonged, over an hour elapsing before a clot forms, and unclotted fibrinogen being still detectable after three hours. In clinically milder forms of hæmophilia, the clotting time of blood in glass tubes may be normal, but the abnormality of intrinsic prothrombin conversion can be demonstrated by specially designed laboratory techniques such as the thrombin generation test or the thromboplastin generation test. A less elegant demonstration of the abnormality is obtained when these patients are operated on without prophylaxis, when they will bleed profusely.

FIG. 1 CLOT FORMATION IN A NORMAL SUBJECT AND IN A HAEMOPHILIAC



NORMAL

MINIMAL CLOT FORMATION OUTSIDE INJURED VESSEL WITH PARTIAL OCCLUSION OF VESSEL BY THE CLOT.

HAEMOPHILIC

MASSIVE CLOT FORMATION OUTSIDE VESSEL, NO CLOT IN LUMEN. THE ARROWS SHOW THE PATH OF FURTHER HAEMORRHAGE.

The combination of normal extrinsic prothrombin conversion and defective intrinsic prothrombin conversion found in classical hæmophilia, produces an interesting clinical picture. After a large tissue laceration in even a clinically severe hæmophiliac, there may be very little bleeding during the first four or five hours and a large blood clot will be lodged in the wound. This clot lies outside the injured blood vessel, and for a few hours, during traumatic shock, it acts as a weak mechanical plug. However, when the blood pressure begins to rise and the action of fibrinolysis liquifies part of the clot (usually that nearest the blood vessel) hæmorrhage will start. After a dental extraction in a hæmophiliac when prophylactic treatment has been omitted or has been inadequate, large blood clots will be found in the sockets formed by extrinsic conversion of prothrombin, but in spite of this there will be copious oozing of blood from the depth of the wound from multiple small tears in small blood vessels. Efficient intrinsic prothrombin conversion is essential for effective hæmostasis as it is only by this means that the clot can actually be formed inside the lumen of the blood vessel where it makes a satisfactory plug. Fig. 1 shows diagrammatically the different type of clot formation in a normal subject and a hæmophiliac.

A successful dental extraction in a hæmophiliac is regarded as one in which post-operative blood transfusion is not required and when the patient is prepared to return willingly to the same department for any further necessary dental operations. To achieve success it is essential to give a pre-operative intra-venous infusion of some preparation containing anti-hæmophilic factor (AHF). Most of our experience at Lewisham hospital has been with human AHF concentrate, and this was very satisfactory, remaining effective after repeated administration to the same patients over a number of years. However, since this concentrate is not generally available, other centres treating hæmophiliacs have at their disposal animal AHF concentrates, fresh blood or fresh frozen plasma from the blood banks.

Animal AHF is antigenic and loses its hæmostatic value after a few intra-venous injections and this precludes its use as a prophylactic. It must only be used to stop hæmorrhage as a life saving measure when treatment with fresh plasma has failed and human AHF concentrate is not available.

Fresh blood although valuable in the treatment of hæmophiliacs, especially children, is not suitable for preventing hæmorrhage after dental operations. From one bottle of blood containing 540ml. of blood and anti-coagulant mixture, after hard centrifugation 300ml. of plasma can be obtained, and the amount of AHF contained in this is not sufficient to prevent hæmorrhage in an adult. Both the volume of blood that can be given and its speed of administration are strictly limited in a patient whose blood volume and hæmatocrit are normal, as they should be in a hæmophiliac undergoing a dental operation. In addition, cross matching of blood for a hæmophiliac is attended by special technical difficulties. Either the patient's serum must be separated from whole blood which has stood for 20 hours at 37° C or a solution of thrombin must be added to the blood to prevent secondary fibrin formation in the serum during cross matching, and this added thrombin may cause marked rouleaux formation during the tests. Cross matching of blood for a hæmophiliac requires experience and special care since many of these patients, particularly the older ones, have antibodies present usually of the Rh type, as a result of numerous previous blood transfusions given in days prior to the discovery of the Rh system. These patients are also liable to harbour other antibodies whose action on mismatched red blood corpuscles can either lead to death from anuria or chronic renal damage. The hæmophiliac in whom the Duffy antibody was originally found finally died in renal failure with amyloid disease in both kidneys.

Fresh frozen plasma from the blood banks should be the mainstay of treatment for hæmophiliacs when human AHF concentrate is not available. The plasma we have received at Lewisham has consistently shown good content of AHF. It is sent out in 400ml. quantities in the frozen state and must be stored at or below −25°C. When required it must be thawed out quickly at 37°C and never slowly at room temperature. Storage of frozen plasma at temperatures higher than −22°C for any length of time or slow thawing out will lead to protein denaturation and an appreciable loss of the AHF content since −22°C is the eutectic point for a solution of sodium chloride in water. In plasma, as in a physiological saline solution, the water molecules

freeze first and thus the protein is left in contact with a solution of increasing salt concentration which finally reached 23.6% salt at the eutectic point. It is the exposure of the protein molecules to this high concentration of salt that damages them. Below the eutectic point, the saline freezes as a whole and further damage is prevented.

To gain maximum effect plasma must be transfused quickly. At Lewisham, even in a child of five, not more than 30 minutes are allowed for the administration of 400ml. of plasma. Experimentally, 400ml. of fresh plasma given to a man of about 12 stone in a time of 30 minutes can be expected to produce a rise in plasma AHF level from three per cent. to eight per cent. of average normal, but if the same volume of plasma is given over a period of two hours no appreciable rise in plasma AHF level can be demonstrated, the AHF being eliminated faster than it is being given. To prevent immediate post-operative hæmorrhage in, for example, a severe hæmophiliac of approximately 12 stone, 1,200ml. of fresh plasma should be continuously infused immediately before the operation, preferably giving the last 400ml. during the operation.

A clinically severe hæmophiliac, that is one who suffers from numerous spontaneous joint and tissue hæmorrhages and usually has a very low AHF content in his plasma, will require post-operative as well as pre-operative AHF infusions following tooth extractions; this is irrespective of whether a single tooth extraction or a complete dental clearance has been carried out. If only a pre-operative AHF infusion is given to these patients, freedom from serious hæmorrhage is usual for about 20 hours. However much pre-operative AHF is given this cannot prevent serious hæmorrhage from the third day onwards. Halving of the initial hæmoglobin level by the end of the third of fourth day was a common finding when an attempt was made to use a single prophylactic infusion in a clinically severe hæmophiliac. In any hæmophiliac, once hæmorrhage has become profuse and hæmatoma have formed between the gum and the bone, arrest of the hæmorrhage becomes difficult. Comparison of post-infusion AHF levels shows that a much smaller rise in AHF is produced in a patient in the presence of hæmatoma, and similarly the clinical effect of AHF infusions is lowered in the presence of hæmatoma or active bleeding. It is therefore wasteful of plasma and blood to wait for a hæmorrhage to get really started before infusing AHF. In severe hæmophiliacs the best results were obtained by following the pre-operative infusion with another AHF infusion after 8—12 hours and then daily prophylactic infusions up to the eighth day. After the infusions are stopped on the eighth day there may be small hæmorrhages up to the twelfth day, but these are not usually severe enough to warrant further intravenous therapy, and complete healing of the sockets is usually complete by the sixteenth day.

A clinically mild hæmophiliac, that is one who does not suffer from spontaneous hæmorrhages and only bleeds after operation or injury, can usually be successfully treated with only a pre-operative infusion of AHF. This single infusion should be all that is required to prevent serious post-operative hæmorrhage, since these mild hæmophiliacs have sufficient normal AHF present in their blood to cope with the small hæmorrhages following the inevitable lysis of intravascular clot during the period of healing.

The biggest danger with these patients is to underestimate the extent to which they can bleed, and the pre-operative prophylactic infusion of AHF must never be omitted no matter how mild the clinical condition of the patient. Once an initial hæmorrhage or infection has produced appreciable tissue damage in a mild hæmophiliac, he will react as acutely as a severe hæmophiliac and hæmorrhage will be difficult to arrest. This point is well illustrated by two clinical experiences involving mild hæmophiliacs.

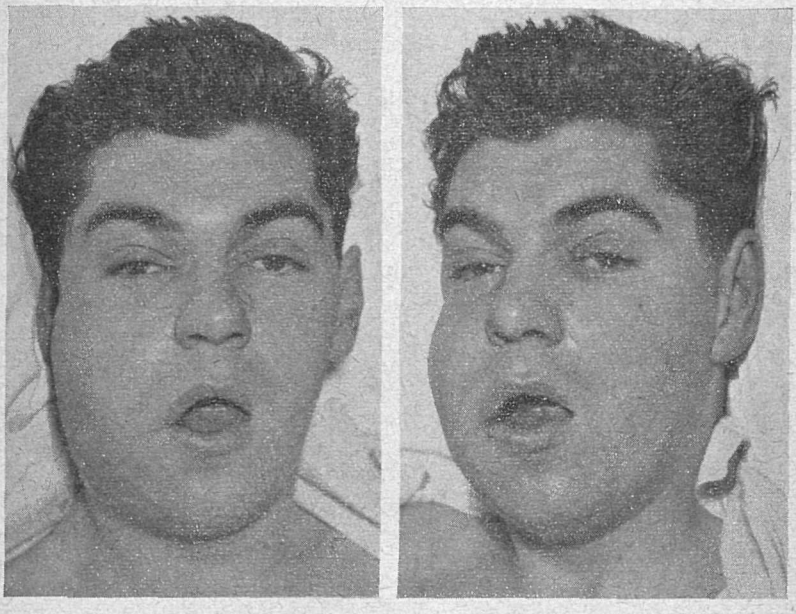


Fig. 2

Case 1. Fig. 2 shows a photograph of a patient with mild to moderately severe symptoms of hæmophilia taken soon after his admission to hospital. A dentist in general practice had given him a mandibular nerve block the day before admission in order to treat a painful molar tooth. The mandibular block had caused a hæmorrhage which was extending between the bone and the gum and was stripping off the gum tissue: a second separate hæmorrhage was in the pterygoid region causing marked spasm of the masseter muscle. The patient was in great pain and had difficulty in speaking and swallowing. He was started on a course of oral penicillin to prevent infection of the hæmatoma, and human AHF concentrate equivalent to 3 litres of fresh plasma was infused without delay and this was followed by 800 ml. of fresh frozen plasma. Next day the patient seemed much better and was given a further infusion of human concentrate equivalent to 2 litres of fresh plasma and was then allowed out of bed. He was discharged from hospital on the 4th day but had to be readmitted after a further two days with leakage of fresh blood into the mouth from the puncture site of the mandibular block injection. He was given a further infusion of con-

centrate equivalent to 2 litres of fresh plasma, followed at once by 1,600 ml. of fresh frozen plasma, and after this he made an uneventful recovery. This patient, therefore, although not clinically severe required the equivalent of about 10 litres of fresh plasma to counteract the effects of a mandibular block injection given without prophylaxis. In terms of economy of plasma or plasma equivalent, this figure compares unfavourably with the amount used in patients of similar clinical severity having much larger operations but who had pre-operative prophylaxis. For example a mild hæmophiliac who had a gastrectomy operation required for total treatment the equivalent of 15 litres of plasma; another having an arthrodesis and tendon transplant required the equivalent of 8 litres of plasma.

Case 2. This case illustrates the difficulty of treating a hæmorrhage in the presence of infection, in this case hæmorrhage into a dental abscess. The patient was a clinically mild hæmophiliac aged 10, he had previously been treated for one severe attack of hæmatemesis, but there was no history of spontaneous joint hæmorrhages and he attended a normal school and participated in all sports. His plasma AHF level estimated on several occasions previously was about 20 per cent. of that of a standard normal fresh plasma.

Fig. 3

On this occasion he was admitted to hospital with an enormous swelling of his jaw (Fig. 3). The history on admission was of toothache for a week with acute increase of pain and swelling a few hours before hospital admission. A blood specimen taken at this time showed a plasma AHF level of only 3 per cent. of the standard normal plasma, and this low level was maintained throughout the acute phase of this illness.

A diagnosis of bilateral apical pre-molar abscesses was made and therefore the patient was given one mega-unit of penicillin intramuscularly followed by AHF concentrate equivalent to 2 litres of fresh plasma and immediately afterwards the two pre-molar teeth overlying the abscesses were extracted. There was very little hæmorrhage for the next ten hours, but this was then followed by a steady discharge of blood from both sockets for four days. During this time the pain decreased but there was no decrease in the size of the mandibular swelling and the temperature remained at about 103°F. It was impossible to differentiate between hæmatoma and inflammation as the cause of the temperature and the swelling.

On the first post-operative day, human AHF concentrate equivalent to one litre of fresh plasma was infused and on the third day a continuous infusion of 1,500 ml. of fresh plasma followed by one pint of fresh blood was given. There infusions did not arrest the hæmorrhage and also did not produce the usual post-infusion increase in plasma AHF. The patient's plasma also showed a prolongation of Quick's prothrombin time indicating the development of a second temporary coagulation defect. However, tests for a circulating anti-coagulant were repeatedly negative. After the tenth day in hospital the plasma prothrombin time returned to normal, the usual post-infusion rise of AHF was again observed, and the patient's pre-infusion plasma AHF level returned to 20 per cent. of normal. The ultimate treatment of this patient required 36 days in hospital, and a total of 1,500 ml. of fresh plasma, AHF concentrate equivalent to 7 litres of fresh plasma and one pint of fresh blood.

Finally, there are some points that have emerged on the general management of dental extractions in hæmophiliacs. It has been found best to do the extractions under a general anæsthetic since when there are multiple extractions with local anæsthesia, this provides avoidable additional sites of trauma from which hæmorrhage can occur. Our experience at Lewisham has convinced us that providing there is good prophylaxis and post-operative cover with AHF, multiple extractions or complete dental clearances can safely be done at one operative session. The amount of prophylactic AHF required is closely related to the patient's weight and not to the number of teeth pulled.

The value of dental splints after these extractions is easily overestimated: the first ten-tooth extractions in our series gave good results without the use of splints. Nevertheless, well-fitting splints protect granulation tissue in the sockets from being traumatized by particles of food and therefore have some function in the prevention of post-operative hæmorrhage. However, no matter how well fitting a dental splint, it becomes useless when intra-venous prophylaxis is insufficient. When there is swelling of the gums and the splint becomes tight fitting and uncomfortable it must be removed because there is always a danger of avascular tissue necrosis by pressure of the splint on a hæmatoma.

Suturing of dental sockets must never be done on a hæmophiliac. It will not stop hæmorrhage for any length of time and can lead to serious necrosis and laceration of the gums.

Local hæmostatic measures have only a limited use in treating these patients, since brisk hæmorrhage in the early post-operative period will be unaffected by them. They have only proved effective

in the later stages of the post-ooerative period when slight oozing of blood occurs from healthy granulation tissue. In this instance a piece of fibrin foam, gelatin sponge or alginate wool soaked in thrombin solution placed in the affected socket and covered by a splint can prevent the need for further intra-venous therapy.

Hæmophiliacs are just as liable to thrombo-phlebitis as non-bleeders following prolonged intra-venous therapy; therefore, it is not advisable to leave an intra-venous needle in a vein for more than eight hours, and it is best to set up a drip at a fresh site for each infusion. The needles provided with standard giving sets have proved unecessarily large for hæmophiliacs and therefore we use the ordinary syringe needles normally used for taking blood for the administration of blood, concentrate or plasma.

The longer one treats haemophiliacs the greater the respect one has for them. The guiding principle in treatment seems to be that prevention is easier than treatment of a crisis and that once hæmorrhage does occur the earlier it is treated by infusion of AHF the better.

CORRESPONDENCE

Letters to the Editor of the Gazette

Doctors and Coroners

SIR,—It may be of interest to some of your readers to know that in The Isle of Man the old order remaineth. The Coroners are the equivalent of the English Bum-bailiffs; and the High-bailiff, who holds the inquests, equivalent to an English Coroner.

Yours etc.,

DOUGLAS WAIN.

Ramsey, Isle of Man.

Doc. Hancock

SIR,—May I add to the correspondence regarding Hancock. As a student and member of the staff I knew him well from 1905 until his death, a period of many years duration. He had been a colour sergeant in Ian Hamilton's company of the Gordons at the battle of Majuba, and was a fine soldierly man. As technician in the Anatomical Department he came to know his anatomy throughly and was always ready to go over dissections in the pickle room or of those which he was making. During the 1914-18 war there were a large number of face casualties due to the throwing of hand grenades and mortar bombs in trench warfare. Some of us were part time at Guy's and part time in a military hospital, treating these cases. The administration and drugs used in general anæsthesia at that time were extremely different from modern anæsthesia. Local anæsthesia had great advantages in many cases but it was dangerous to administer through infected areas, the development of block anæsthesia was the indication. When the anatomical routes were discussed with Hancock he made a series of dissections which were of great value in working out these problems. The results were published with acknowledgments to Hancock. To many generations of students and staff he was a friend whose advice was sought and followed, he was known to us as Doc. Hancock for this reason. After his retirement he lived in Penge and one morning in every week had coffee with Mr. Croucher who for many years was Clerk in the Medical School Office, their talk was always of Guy's.

Yours etc.,

F. N. DOUBLEDAY.

Guy's Hospital, S.E.1.

The Rugby Club

SIR,—I had no idea that my little cri de coeur would arouse such passion ! The fact that it has done so encourages me enormously. A few more letters like these, and I shall begin to think that the *Passim* of 18th June is not after all a true reflection of Hospital opinion.

Mr. Barry Blackwell was kind enough to write to me, putting me in my place in the nicest possible way. In my reply to him I said that my letter was not provoked by the action of the Sub-Committee, who obviously had many good reasons for their decision, but by the unfortunate manner of its editorial support. It is true that a more factual account was to be found tucked away in the same issue of the *Gazette*, in somewhat smaller print. My criticism refers to the large print on the first page, seen and read by everyone, and most discouraging to the young footballer starting at Guy's.

Mr. Peter Harris challenges me, in no uncertain terms, to tell him how I would improve the standard of play. When I made this seemingly rash statement, I was not thinking of how many times the boys should run up and down H.O.P. ; I imagine the details of training have been well taken care of. Nor was I trying to suggest that there was any lack of zeal in the individual player, for I am sure that is not the case. What I had in mind was something far more fundamental.

A new spirit of optimism and enthusiasm is needed throughout the Hospital, from the administration downwards, and a complete determination, at all levels, to see that the Guy's XV remains a first-class side. In this sort of atmosphere, and its wonderful traditional background, it should not be long before the Rugger Club starts to recapture some of its past glory.

Yours etc.,

OLIVER IVE.

121, Harley Street, W.1.

So we were the villains after all, for supporting the recommendations of a sub-committee made up of experts with far greater experience of Guy's Rugby than we or most of our correspondents possess. We are unrepentant : the Club was wise to appoint a sub-committee to reconsider the fixture list, the committee made a realistic and courageous recommendation which we consider was unwisely rejected.

We shall be delighted, as no doubt will Dr. Ive, if the results of the next 10 years prove us wrong, and we wish Terence English and next season's team every success in their attempt to do so.—ED.

Reminiscence,

—— on opening my B.M.J. this week (16.7.60) *and seeing the portrait of Sir Frederick Gowland Hopkins, O.M., President of the Royal Society* (1930-35).

I had seen him about, many times, and as a junior had been charmed by his smile and friendly approach to one many years his junior.

One afternoon I found him parading the Colonnade alone, in seemingly a rather sad and pensive mood. He smiled, we joined forces and walked up and down together, talked about many things, but frankly I have forgotten what !

Subsequently I learnt that his depression was due to the fact that he had just learnt that his application for a Junior Staff appointment at Guy's had been "turned down" owing to his failure (at a first attempt), to obtain a pass in Surgery at the M.B.(Lond.) examination. Shortly afterwards he moved to Cambridge and we never made any personal contact again.

On opening my *B.M.J.* this week and seeing his portrait therein, my reaction was—how lucky it was that his application had not succeeded, as it would of necessity have involved much routine and administrative work and probably he would never have been able to pursue his magnificent Biological research work and his discovery of "Vitamins".

A.W.O.

Medicos Look At . . .

The foreword to the *Sculpture in the Open Air* exhibition at Battersea Park affirms that the London County Council "is forward among local authorities in the country in its support of the fine arts". One does not wish to discuss the support and encouragement by local and national authorities given to the arts, a subject which perhaps merits further examination, but rather to emphasise that these triennial exhibitions in a public park make one realize how important the setting is for the exhibition of pieces of sculpture. The first of these was held in Battersea Park in 1948 and every three years Londoners have had the opportunity of seeing among the lawns and trees of one of London's parks (two have been held in Holland Park) some of the best work of modern sculptors.

The exhibition of 1950 had another purpose in that there was simultaneously an exhibition of sculpture of 1850. This is referred to because it was at that exhibition that one realized how far this particular branch of the visual arts had advanced in 100 or rather 50 years as compared with the previous 2000 at least in Western Europe. The present exhibition demonstrates this very fully. Some people may raise an eyebrow at the word "advanced" but there is no doubt that the placid, imitative works of 1850 could not be compared with the stimulating, original work of most of the modern sculptors. The advance lies in appreciating that the hewing out or building up of materials need not result in something almost photographic in its representation usually of the human figure. The ultimate structure may merely suggest a human figure but it will have properties of shape, relative dimensions, and surface which suggest as many ideas as the posture of a life-like statue. Sometimes the mere juxtaposition of certain shapes produces something aesthetic, an effect which is due not only to the shapes themselves and their relationship but also to the shadows which they cast within the work itself. One need only add that in addition to these new conceptions in sculpture some artists attempt to use every kind of material and any sort of object that may be available in order to produce a composition which stimulates and excites, or even amuses.

Keeping these ideas in mind let us look round the exhibition at Battersea because here we can see examples of traditional sculpture such as Mark Batten's *Diogenist* in stone, of suggestive shape, such as Lynn Chadwick's *Black Beast*, of simple shape as Marta Colvin's *Manutara* and the use of any sort of material that comes to hand in Picasso's *Les Baigneurs*. The last mentioned is amusing in its conception and arrangement but loses something because all the figures are not placed in water. The Epstein *Ecce Homo*, refused by Selby Abbey, seems to dominate the scene. Its whiteness against the dark

green background and the ugly yet sad face with its crown of thorns seem to catch the eye during most of the time one is walking around.

A good example of spatial relationships is Reg. Butler's *Figure in Space*. The way the bars holding the figure are arranged in a framework and the way the frame is attached to the base are not accidental or made only to fulfil the demands of physical laws. The two main directions of the rods and the curve of the figure at right angles to the longer rods convey to the eye a feeling of flying through space which is exhilarating. Perhaps many of the sculptures in Butler's recent one-man exhibition emphasised this concept even more than the work in Battersea. The limbs of his figures taper off into nothing but that is unimportant because of the way in which he succeeds in conveying movement in his figures. Henry Moore's *Glenkiln Cross* is a striking demonstration of the way in which a shape can convey the merging of a figure with the background of a cross so that the two are as one. This is also an example of a sculptor's work which is best seen in the open because of its elemental nature. Looking at this carving one feels that nature has been at work and smoothed away the differences between the figure and cross.

The bronze *Mekanik Zero* by Eduardo Paolozzi (born in Edinburgh) is a good example of a sculpture which is the result of the putting together of all sorts of pieces of material, and even junk (*objets trouvés*, is what the artist calls them) from which a plaster cast is made. From this a wax mould is produced which is finally used for making a bronze cast. Actually this particular sculpture is not a good example of the enormous detail which this technique can achieve on the surface of the final work. The sculptor uses this method because he thinks that he can achieve a metamorphosis when he puts together all the different pieces. He is not content to leave the assembled pieces as the finished work but insists that a relatively stable model should be made. He claims that the putting together of his *objets trouvés* and producing a final sculpture in bronze reflect the fact that the body is made of atoms and molecules but the identity of these smaller parts is lost within the body as a whole.

The limitations of conventional sculpture are Ossif Zadkine's justification for his producing complex patterns within the model of his figures. *The Messenger* has within its torso two smaller figures, Ionic columns and other details which are difficult to distinguish and one must confess mystification as to what the final result is meant to convey. The strength of the striding limbs, however, is unmistakable and if lack of understanding is irritating in this sculpture there is much else in the exhibition which is explicit and exciting, *e.g.*, Charoux' *The Violinist* and Nimptsch's *Olympia*. This exhibition affords a wonderful opportunity to see what modern sculptors are doing with regard to methods, materials, styles, treatment of surface and ideas. Whatever one thinks about modern art it is worth remembering what Picasso said: "There is no abstract art. You must always begin with something. Afterwards you can remove all traces of reality; there's no danger then anyway, because the idea of the object will have left an indelible mark."

REVIEWS

May and Worth's Manual of Diseases of the Eye. By T. KEITH LYLE and A. G. CROSS. Baillière, Tindall & Cox Ltd. 12th Edition. *Price* 45*s.*

It is only right that a textbook, which is quite readable, and eminently suitable for medical students, general practitioners and diploma candidates, should be frequently revised, and the five years since the eleventh edition is surely long enough.

The Editors in this new edition have amended the text in many places without increasing greatly the length of the book; and, what is more important, have improved many of the colour plates.

While it is granted that textbooks of this type should be careful not to mention untried theories or treatments, it does seem, that in some places this new edition might be a little more enterprising and refer to already generally recognized subjects. Photocoagulation, prednisolone, Nematode endophthalmitis, and the use of microcontact lenses are examples.

For forty-five shillings it is a well produced, adequately illustrated, and usefully indexed book but with no bibliography; each chapter being an entity and covering briefly the anatomy and physiology of the subject under discussion.

P.H.N.M.

Biochemical Values in Clinical Medicine. The Results Following Pathological or Physiological Change. By R. D. EASTHAM. Bristol, John Wright & Sons Ltd.

This is a paper backed book of 144 pages designed as a handy reference on biochemical investigations for "Junior medical staff". A large number of investigations are described: normal values and a brief discussion on physiological principles and clinical interpretations are given in each case.

The main criticism of the book is that many of the discussions are so compressed that they are difficult to understand, which is, of course, hard to avoid in a book of this size.

The preface is excellent, and Dr. Eastham rightly stresses the importance of knowing the methods of estimation used and the range of normal values recognised by any particular laboratory.

This book has some value as a pocket reference, but for full understanding of the subject a larger work is required.

J.L.

Practical Dietetics. Ed. W. A. R. THOMPSON. *The Practitioner.* 1st Edition. *Price* 4*s.* 6*d.*

This booklet reprints a series of articles, each written by a different dietitian, and first published in *The Practitioner* during 1959. The aim of the series is to advise the general practitioner on the planning of his patients' diets, nine articles being devoted to therapeutic diets in common use, and the other three to weaning, feeding in old age and canteen meals.

Each article was originally published as a separate entity, and therefore some overlapping occurs, e.g. low sodium diets are discussed in the dietary treatments of renal disease and toxæmia of pregnancy as well as in the very practical article entitled "Low Salt Diets".

The writers have been careful to state where conflicting views occur, but to say of the gluten-free treatment of cœliac disease that "most children will benefit considerably" might be misleading to the many doctors who qualified before gluten-free diets were an accepted form of therapy. In discussing cœliac disease also, "fat metabolism" is printed where "fat absorption" must be intended.

There are two important omissions. No mention is made of the low cholesterol diet, about which many general practitioners seek advice, but this is possibly intentional while the effectiveness of reducing dietary cholesterol remains controversial. Less easily understood is the lack of advice on treating the underweight patient, often a far more difficult problem than the obese one.

The booklet has 64 pages, clearly printed and set out and is good value at 4*s.*6*d.*, but a medical introduction to each article would have increased the value.

P.D.W.

The Principles and Practice of Medicine. By SIR STANLEY DAVIDSON. Published by E. & S. Livingstone, Edinburgh and London. Pp. 1,112. *Price* 35*s.*

The standard of medical textbooks has risen considerably during the past few years. This book, now in its fifth edition, maintains its place among the leaders. It is well written and produced, remarkably concise, and it offers practical and up-to-date advice on treatment.

By far the greatest part is devoted to conditions which are common, but the book also deals in some detail with diseases which are important to readers in other countries. A curious result of this policy is that more space is devoted to malaria than to myocardial infarction or ulcerative colitis, and the three pages on beri-beri contrast with one and a half on cor pulmonale and just over a page on glandular fever. All these sections are in fact readable, interesting and informative, and so is the neurology section, which has been much improved since the book was first written. The price of 35*s.* is a very reasonable one.

M.H.L.

Introduction to Pharmacology. By J. J. LEWIS. Messrs. E. & S. Livingstone Ltd., Ltd., Edinburgh and London. 1st edition. Pp. 826. Illustrated. *Price* 55*s. net.*

This book blows like a fresh breeze into the world of pharmacology of today and the vigorous novel approach which the author brings to his subject has been long overdue. Not only does he succeed admirably in "giving a scientific treatment to the elements of pharmacology", but his attempt at a logical presentation of the subject-matter is inspiring and he takes the reader with him into the mysteries of structure-action relationship which he illumines in a laconic effective style.

The author's treatment of site and mode of action of drugs is comprehensive and is a strong feature of his presentation. The book also contains a vast amount of purely factual data particularly on new and less known drugs and in the form of tables which the student will search for in vain in other textbooks of pharmacology.

The book is well illustrated and gives innumerable diagrams which convey succinctly to the reader a physiological or a biosynthetic process, the mode of action of a drug, the life cycles of parasites, or represent fundamental neuronal pathways. It gives structural formulæ of substances in profusion hitherto unknown in a textbook of pharmacology including those of complex monstrosities such as cyanocobalamine, oxytocin and vasopressin. The text is surprisingly up-to-date on theories of mode of action and in emphasis on recent additions to the pharmacological armamentarium; as examples may be cited the chapters on emetics and anti-emetics, diuretics and anti-diuretics, central nervous depressants and stimulants and the drugs which influence blood clotting. The sections on vitamins and insulin are rather sketchy however.

The author generally eschews dosage as irrelevant detail in an introduction to pharmacology, but such detail may sometimes be helpful in giving some idea of the relative potency of drugs, *e.g.*, that of morphine to pethidine, and it is a small addition to make a textbook of pharmacology complete. As the author himself stresses, however, his introduction to the subject "is not intended to be a textbook of materia medica or therapeutics".

The author must be congratulated on the results of his efforts in writing this book, a process, he informs us, which has taken him about three years and which, judging by the information he amassed, must have involved considerable lucubration. It is a pity that references to reviews and original papers are absent. By including a modicum of references the value of the book to the serious student of pharmacology would be greatly enhanced and, as author and publishers may find if this is remedied in future editions, the same graph will show a steep rise.

The book is wholeheartedly recommended as a reference book for medical students in their clinical period, and, provided judgement is used in adhering to fundamentals, the book may also be profitable used by students at the preclinical level. It may even be recommended to the interested general practitioner or specialist who wants to bring his knowledge up to date. Budding and mature pharmacologists are advised not to be without this book which, in the reviewer's opinion, is an investment worth every penny.

J.A.N.

British National Formulary, 1960. Alternate Edition. Pharmaceutical Press and B.M.A. *Price* 8*s*.

The Joint Formulary Committee of the medical and pharmaceutical professions was formed in 1946 and since then they have brought out five editions of this little book. The term formulary suggests an arid list of prescriptions and the price, a mere eight shillings, will lead many students to think that this is a minor work which need not concern him. Inspection of the book, however, will show how wrong an impression this is.

There are notes on the pharmacology of all drugs, together with their doses, prescriptions for their administration and an account of the indications for their use. In other words, it is a concise textbook of pharmacology and therapeutics ! For full measure there is a section on the treatment of poisoning and a list of over eight hundred proprietary preparations with their official equivalents.

With the present concern over the hospital's rising drug bill it might be a wise investment for the Governors to present each new houseman with a copy of this admirable vade mecum, calling their attention to pages 229-250. Not all housemen will, of course, need to be given a copy because the wise ones will have acquired one in their student days in order to make sure of passing their examinations in pharmacology and therapeutics ! C.H.

Illustrated Pre-Operative and Post-Operative Care. By PHILIP THOREK, M.D., F.A.C.S., F.I.C.S. Drawings by Carl T. Linden. London. Pitman Medical Publishing Co., Ltd. Pp. xi+98. *Price* 30*s*.

The first twenty pages of this monograph are devoted in a very general way to the preparation and evaluation of the pre-operative patient.

The second part of seventy pages has sections on the immediate post-operative period (with emphasis on the recovery room), fluids and electrolytes, chemotherapy and the commoner post-operative complications. The last are probably better treated in most standard textbooks of surgery but this criticism certainly does not apply to the sections on electrolytes, and water balance which are presented by the author in a simplified and practical manner. In contrast the treatment of phlebo-thrombosis is described in a very summary fashion and I feel that reference to the types of anti-coagulants, doses, hazards, routes of administration, etc., would not have been out of place in a work of this nature. These remarks also apply in part to the section on chemotherapy and antibiotics. The book is, however, well produced and is profusely illustrated with diagrams (some of which appear superfluous) and clear X-rays. Ward clerks may find it a useful book but I would not recommend it for senior dressers and newly qualified housemen. Thirty shillings seems a lot of money for this small volume. D.W.T.

The Dental Assistant. By BRAUER, J. C. and RICHARDSON, R. E. McGraw-Hill Book Co. Inc., New York. Pp. 593. 2nd edition. *Price* 66*s*.

This is a fairly large book but perhaps it should be remembered that most of the American College courses for training Dental Assistants are of two years duration.

Following the introductory chapters on Anatomy and Physiology there are excellent descriptions of Dental Materials, their uses and methods of manipulation. A chapter on Pharmacology explains the administration of drugs and is followed by a brief description of some in common use

The use, care and maintenance of equipment and instruments is quite adequately dealt with and operative procedures are described, with emphasis on the role to be played by the Dental Assistant. Records and charting are dealt with in a general way but naturally no mention is made of the National Health Service type of charts or forms.

There is an entire chapter on applied Psychology, including the 'psychology of selling a service'.

A good chapter is included on Dental Radiology and Radiography with the necessary developing procedures. The book concludes with a very good glossary of dental terms and definitions, and facilitates the translation of such terms as 'operatory'.

The book is very well illustrated throughout and is easy to read. There is a wealth of information and the British reader will have little difficulty in converting the spelling to our convention. W.A.V.

Lecture Notes on Ophthalmology. By P. D. TREVOR-ROPER. Blackwell Scientific Publications. 94 pp., 76 illustrations (12 in colour). *Price* 12*s.* 6*d.*

How would you treat the four main causes of a painful red eye ? How would you investigate a patient complaining of sudden loss of sight ? If you don't know the answers, this is your book.

It is a book for the masses who are not sure what exactly comprises the uveal tract, who think that Pterygia is a Balkan state, and who would look for Pingueculæ in an herbacious border. It is a splendid book; unlike other small student handbooks it is not merely the contents of a large book reduced to microscopic print with no pictures: its 90 pages are written with discrimination to emphasize the important and to provide a working knowledge of practical ophthalmology. The structure of the book based upon presenting symptoms rather than pathology is excellent, allowing for example separate chapters on gradual loss of sight, sudden loss of sight, the painful red eye, and the injured eye.

The presentation is attractive, but the high standard of most of the numerous illustrations shows up the very poor quality of a few borrowed from other books. (There is one particularly sinister diagram from which sprout small arrows none of which lead to any legend.) One hopes that future editions will replace the few borrowed and substandard illustrations with pictures of a quality comparable with the rest.

The fly-leaf announces that the book "will tell the student all the basic facts that he will need to know for his final examinations", which is saying very little in times when most students do not have to answer a single ophthalmology question in their finals. Even so it fails in this aim, in that there is no separate chapter on the eye in systemic disease which is the most frequent question asked. Failing in its self-defined narrow aim, the book succeeds gloriously in a wider and more important field. It can be read in an evening or two at the end of which the student will no longer be afraid of Ophthalmology; he will be confident in the possession of a basic working knowledge and of a framework upon which to fit future experience and information.

This is the book we have been waiting for. We are still waiting for several other books, and it will be interesting to see if it will be left to Blackwells to provide us with similar handbooks on Dermatology and Psychiatry.

S.R.M.

An Approach to Occupational Therapy. By MARY S. JONES. Messrs. Butterworth & Co. Ltd. *Price* 42*s.*

This excellent book provides a wealth of detailed information on the theory and practice of rehabilitation, based on the experience of its author while working at the Farnham Park Recuperative Home.

The primary need for a sound knowledge of anatomy and kinetics is dealt with in an early chapter on muscle movement and posture. Subsequent chapters deal with the specific treatments and training required for a variety of disabilities. These are full and detailed, many cases are quoted showing the degree of success in reablement and stressing the need for flexibility in treatment to suit the personality and likely employment of each individual.

There are many good plates illustrating equipment, working prostheses and self-help aids used at Farnham Park, together with clear and useful constructional diagrams. An appendix gives a concise analysis of activities used and methods of grading treatment.

This book can be recommended to anyone working in the field of rehabilitation, and the humour and enthusiasm of its author make it pleasant as well as instructive reading.

C.B.S.

Other books received include the following published by Pan Books Ltd.

The Pillars of Midnight: E. TREVOR.
Lucy Crown: I. SHAW.
Blackwater: H. L. TREDREE.
The Three Faces of Eve: THIGPEN & CLECKLEY.
Psychology of Sex: HAVELOCK ELLIS.
Arnhem: MAJ.-GEN. URQUHART.
Tales of Mystery and Imagination: E. A. POE.

SPORT

LADIES' LAWN TENNIS CLUB

Hospitals' Cup Final

This was the first occasion on which the Ladies' had reached the final of the Hospitals' Cup, and was an excellent effort on their part. The result was closer than expected, but the all-round strength of the St. Mary's team proved a little too much for a good Guy's team. The ladies can console themselves with the thought that whilst everyone likes sporting ladies, not all like them to be too o'erpoweringly successful; it's easier to be decorous in defeat.

Guy's 1st VI v. St. Mary's 1st VI

AT H.O.P. 1st July, 1960

Result : Lost 5 matches to 3.

J. Cridlan and D. Lagarowska, Won 1, Lost 1.

B. Williams and C. Gladstone, Won 2, Lost 1.

M. Abel and J. Siarey, Won 0, Lost 3.

One match abandoned for bad light.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors invite applications for the appointment of **Consultant Dental Surgeon** for attendance on two sessions a week. The appointment is of consultant status and applicants should hold a registrable dental qualification and an additional higher qualification. The conditions of service will be in accordance with the Terms and Conditions of Service of Hospital Dental Staff. Applications (one copy), together with the names of three referees, should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **10th August 1960.**

In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations. canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

Applications are invited for a **full-time Research Fellowship in the Thoracic Surgical Unit for research on Cardiovascular problems.** It is desirable that applicants should possess a higher qualification in Surgery. Initial salary normally within the range £972 to £1,258 per annum, according to the experience and qualifications of the person appointed, but in special circumstances a higher initial salary would be considered. Applications with the names of three referees should be sent to the Dean, as soon as possible.

GUY'S HOSPITAL MEDICAL SCHOOL

The following awards have been made :

Treasurer's Medal and Prize for Clinical Medicine

March, 1960

I. D. B. Rennie Medal and Prize.

A. S. Horner —Certificate and Second Prize.

Treasurer's Medal and Prize for Clinical Surgery

March, 1960

A. P. Hopkins —Medal and Prize.

R. J. Cockerill —Certificate.

Golding-Bird Gold Medal and Scholarship in Bacteriology

May, 1960

R. G. Hett —Medal and Scholarship.

Golding-Bird Medal and Scholarship in Obstetrics and Gynaecology

July, 1960

M. H. Devereux —Medal and Prize.
R. G. Hett —Certificate.
M. T. Scott Kerr—Certificate.

PASS LIST

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

July, 1960

Surgery

*S. R. Meadow

Pathology and Bacteriology, Social and Preventative Medicine and Forensic Medicine

*S. R. Meadow

Medicine

*S. R. Meadow

Midwifery

*S. R. Meadow

*Has completed the examination.

NURSING NEWS

Entered :

Sister D. A. Hughes to *New Cross, Ward 3b.*
S/N E. Wolstenholme to *Lydia.*
S/N A. K. Myers to *Holiday Relief.*
S/N J. Sinclair to *Nuffield C.*

Left :

S/N P. Rush from *York Clinic.*
S/N S. Rugg from *Night Duty.*
S/N J. Richardson from *Lydia.*

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1880 13*th August* 1960 *One Shilling*

PASSIM

IN the recent Cabinet snakes and ladders the Minister of Education appears to have landed on a "*wait one turn*" which may explain his delay in commenting upon the Anderson Committee recommendations on student grants. The government so far has agreed only to the proposal that all students with two G.C.E. 'A' levels who are accepted for a University degree course shall automatically qualify for an award. Controversy surrounds two other recommendations that suggest the abolition of the parental means test, and the guarantee to Scholarship winners that they will be allowed to keep the first £100 of any award, irrespective of income. It is to be hoped that both will be accepted.

In this era of national education and subsidy the parental means test has become merely a form of 'excess-intelligence' tax: if the parents produce children of above a certain level of intelligence they will pay the tax, if they don't they won't.

The second proposal, that scholarship winners receive financial reward, is surely much less controversial. Now there is no financial incentive for most candidates since they know that the prize money will be deducted from their grants. In certain cases there has been a resultant decline in the competition for scholarships, and a loss of honour. For instance the student with a profitable vacation job cannot afford to lose his job and travel to Guy's in order to compete for a scholarship which will be of no financial benefit.

We hopefully look forward to the resurgence of scholarships, to the time when the wishes of those who so generously endowed them are honoured rightfully by a rise in the status and reward of Scholarship winners.

Mr. Peter Hildreth, assistant secretary to the York Clinic, will travel with the British Olympic Games Team to Rome later this month. He has been selected for the 100 metre high hurdles event. We wish him good fortune.

An electron microscope has recently been provided by the generosity of the National Spastics Society for the use of all departments of the Medical School. The machine has arrived and is at the moment being installed in the old basement classroom of the Anatomy department.

A Dinner was held in the College on 28th July, in honour of the visiting American clinical students. The evening, which is reported elsewhere, was a great success and we hope that it may become an annual event.

The agony column of the *Times* of Saturday, 6th August, contained a plea from one, "anxious to locate etching of Dr. Lever, associated Guy's Hospital, 1840, any information appreciated, urgent".

John Charles Weaver Lever, a distinguished Guy's obstetrician, was notorious, amongst other things, for his gaudy red bordered and red wheeled coach, "Lever's Fire engine". The etching when discovered should be of interest as, "—he was a strongly built man with a big head and rather coarse, blunt face, expressive of much power—very characteristic of the Englishman who goes without other resources than his own perseverance to any distant colony and becomes a successful man". (Wilks and Bettany).

Two sets of gates of solid but unexceptional design now close off the majority of Great Maze Pond. A wired-in portion forming a pedestrian walk has appeared on the east side of this section and leads from the College to the "Miller of Mansfield". It may possibly be of use to the Residents when coming in the reverse direction.

NOTICES

GUY'S HOSPITAL REPORTS. Vol. 109. No. 2

Editor: SIR RUSSELL BROCK, M.S.
Assistant Editor: J. C. HOUSTON, M.D.

CONTENTS

	Page
Further Observations on Statistical Methods in Clinical Research By HEDLEY ATKINS	81
Some Observations on the Effect of Small Doses of Glucagon in Normal and Diabetic Subjects By W. J. H. BUTTERFIELD, I. KELSEY FRY and M. J. WHICHELOW	95
Systemic-Pulmonary Arteriovenous Aneurysm of Chest Wall and Lung By ROBERT BRAIN and RALPH KAUNTZE	110
Single Ventricle with Rudimentary Chamber By M. HONEY, D. G. RUSHTON and D. G. TAYLOR	116
"Pursed Lip" Spirometry in the Assessment of an Anti-Spasmodic as Treatment for Chronic Bronchitis and Emphysema By G. W. SCOTT and J. A. THORNTON	130
A Study of the Clinical History, Tooth Enamel and Dermal Patterns in 175 Cases of Cerebral Palsy By J. K. MARTIN, MARGARET W. THOMPSON and C. R. CASTALDI	139

THE WILLS LIBRARY STOCKTAKING

The Wills Librarian would be most grateful if those in possession of books and periodicals borrowed from the Wills Library would return them without delay for checking purposes during stocktaking.

Borrowers, engaged on work of a special nature, may retain their volumes for a further period without inconvenience to themselves by renewing loans on cancellation of existing records.

E. Coli as a cause of Enteritis in Childhood

by

P. L. Masters, M.D., D.C.H.

Pathologist, Princess Margaret Hospital for Children, Perth, Western Australia

In most countries where the subject has been investigated, specific types of E. coli have proved to be the most important cause of outbreaks of enteritis in babies. In this paper I will give a short review of the subject, and present the results of our investigations of children attending Princess Margaret Hospital for diarrhoea. We have had no outbreaks of diarrhoea here, but I will refer to a report of an outbreak which took place recently in Adelaide.

The veterinary surgeons were the first to suggest that E. coli is a cause of diarrhoea. At the beginning of this century it was linked with calf scours, a severe and often fatal diarrhoea affecting calves in the first two or three days of life. Jensen reported that E. coli could be found not only in the bowel but in all the tissues of the calf after death. An interesting aspect of the disease is that colostrum is protective, the incidence being much higher in calves which are prevented from feeding from their mothers. The explanation is that calves get their maternal antibodies from the colostrum and not via the placenta.

Adam in 1927 in Germany was the first to associate diarrhoea in babies with certain strains of E. coli. He used fermentative reactions to distinguish the strains. Bray in 1945 in England described an outbreak of infantile enteritis associated with a sucrose and salicin-fermenting strain of E. coli, called B. coli Neapolitanum. The ward sister had noticed a characteristic smell coming from affected babies, and Bray found the same smell in blood agar plate cultures of the organism.

At this time Kaufmann was doing his work on the antigenic structure of E. coli and found that some strains have, in addition to the usual O and H antigens, surface antigens which are less resistant to heat than the O antigens and make the organisms inagglutinable in specific anti-O sera. He labelled these *K* antigens and divided them into A, B and L according to their sensitivity to heat, A being the least sensitive and L the most sensitive. They may be compared with the Vi antigen of the typhoid bacillus, which is also heat-labile. Kauffmann found that Bray's organism had a B antigen and gave it the structure 0111B4.

In 1949 Giles, Sangster and Smith in Aberdeen found another type of E. coli in association with an outbreak of infantile enteritis, and this had the structure 055B5. Since then many other types have

been discovered, the most important after 0111 and 055 being 026, 0119, 0127 and 0128. All have B antigens and most have one or more H antigens as well.

In the isolation of these specific types of E. coli the only constant feature which helps to distinguish them from E. coli strains normally present in faecal cultures is the appearance of the colonies, which are smooth and coalescent. These colonies form smooth suspensions in saline containing 0.2% acriflavine, in contrast to most other E. coli colonies. Many specific E. coli strains fail to ferment sorbitol, and sorbitol agar plates are useful for identification during an outbreak due to a non-sorbitol-fermenting strain. There is no selective medium or method of enrichment for specific E. coli. Identification depends on picking off colonies from a McConkey or blood agar plate and demonstrating agglutination by the specific OB antiserum on a slide. The O group is confirmed by agglutination to titre in tubes using a suspension of the organism boiled to destroy the B antigen. The presence of B antigen is demonstrated by showing that a living suspension is agglutinated poorly or not at all by the specific O antiserum. This method of identification is satisfactory for the diagnosis of cases of enteritis because the organism becomes predominant in the flora of the gut. A specific E. coli strain may also predominate in the gut flora of a symptomless carrier. Where it does not the carrier state is liable to go undetected with the present methods.

Controversy has centred on the evidence for the pathogenic role of these E. coli strains in infantile enteritis. Koch's postulates are difficult to apply because there are no specific lesions in the gut and no suitable susceptible animal. Inflammatory changes in the intestines of babies dying from E. coli enteritis are usually slight. The main evidence for the enteropathogenic ability of specific E. coli strains has been epidemiological. Many outbreaks of infantile diarrhoea have been associated with the isolation of a particular serological type from a high proportion of the affected babies. On the other hand routine cultures have shown that enteropathogenic E. coli types are quite commonly isolated from healthy babies and older children. Epidemiological studies in nurseries such as those carried out by Joan Taylor and Ruth Charter in 1952 have shown that an E. coli type introduced by one baby quickly spreads to most of the other babies in the nursery. The clinical results are variable. One introduction may lead to diarrhoea in most babies acquiring the organism. Another may fail to produce diarrhoea in any. Such studies indicate that the virulence of specific E. coli varies from type to type and from strain to strain of a particular type. 055 has been associated with the largest number of severe epidemics; 0111, 026 and 0127 are the other more virulent types.

Host factors are important, in particular the age of the child. Babies under three months of age are most susceptible, while diarrhoea in children over two years old is uncommon. Lack of specific antibodies to E coli in young babies may be the explanation. Unlike most other antibodies E. coli O agglutinins do not pass readily to the foetus via the placenta so that their level in the newborn is low. The colostrum on the other hand contains a high titre of E. coli O agglutinins for the first few days after birth. Lindberg and Hunter in

Washington in 1957 investigated serum and colostrum specimens from 50 mothers for antibodies to the pathogenic types 055, 0111 and 0127, and to two non-pathogenic types 017 and 018, using the sensitive haemagglutination technique of Neter (1956). Titres in colostrum were much higher than in serum. Antibodies to the pathogenic types were found more often and in higher titre in colostrum than were antibodies to the non-pathogenic types. Toomey of Cleveland in 1934 produced evidence that E. coli antibodies can be absorbed by newborn babies, as they are by the calf, but it seems unlikely that babies acquire much antibody in this way. Certainly many babies who develop E. coli enteritis have received colostrum from their mother, and any protective effect of colostrum is more likely to operate against E. coli septicaemia and meningitis which are practically confined to the new born period. It has often been noted that E. coli enteritis is unusal in a completely breast-fed baby. Reduced exposure to ingestion of E. coli and the different intestinal flora of breast-fed babies may both be factors here. Cow's milk may contain pathogenic strains of E. coli, such as type 086 which can cause enteritis in babies as well as in calves. In countries where pasteurisation is not the rule this is another hazard for the bottle-fed baby.

As a digression on the subject of E. coli antibodies Pettenkoffer and co-workers (1958) report that some strains of E. coli, especially E. coli 086, contain antigens closely related to the A and B blood group substances. These will absorb anti-A and anti-B agglutinins from human sera. Pettenkoffer suggests that these agglutinins are produced by the antigenic stimulus of E. coli strains in the bowel, a theory which accounts for the absence or very low titre of iso-agglutinins in the newborn.

In the last ten years attempts have been made to demonstrate the entero-pathogenic powers of E. coli strains by methods more direct than epidemiology. In 1951 and 1952 Ferguson and co-workers carried out well-controlled feeding experiments on adult volunteers. They found that 6000 million or more of a strain of 0111 produced symptoms in all volunteers tested, while an even higher dose of an 055 strain was needed to produce symptoms consistently. Most of the volunteers who ingested the living organisms showed rises in specific agglutinins whether or not they showed symptoms. Volunteers fed with large doses of killed 055 and others fed with large doses of living normal faecal E. coli showed no symptoms and no specific antibody rises.

In 1954 Koya of Japan combined his experiments in feeding 0111 to adult volunteers with the use of a Miller-Abbot tube to obtain specimens for culture from various levels of the small intestine. He found that before feeding 0111 to these heroic volunteers specimens taken down to the upper ileum were practically sterile. After feeding 0111 jejunal specimens taken from the three men who developed symptoms yielded profuse growths of the specific type, while those from the man who did not develop symptoms failed to grow the organism. Koya assumed that proliferation of the organism in the small intestine was the cause of illness in the volunteers, and supported his assumption by showing that inoculation of 0111 into the ascending colons of four more volunteers failed to produce diarrhoea.

In 1955 Thomson cultured duodenal drainage specimens from a large number of infants. He found that normal infants and those suffering from diarrhoea not due to specific E. coli types showed few or no colonies of E. coli in their duodenal contents, whereas babies ill with E. coli enteritis showed heavy growths of the specific E. coli type. He pointed out how closely Asiatic cholera and infantile enteritis resemble each other clinically, pathologically and epidemiologically. The term infantile cholera has often been used in the past to describe severe examples of diarrhoea in babies.

In 1953 De et alia described a technique for demonstrating pathogenic properties in vibrios by injecting them into ligated segments of rabbit gut. Cholera vibrios produced dilatation of the loop, whereas allied non-pathogenic vibrios had no effect. In 1956 they reported the use of the same technique for investigating specific E. coli. Joan Taylor, in 1958, using a single strain of rabbit, produced inflammation and necrosis in the mucosa of the segments of gut by injecting enteropathogenic strains of E. coli. Although there was little or no invasion of the mucosa by the living bacteria, she found that injection of dead organisms or extracts did not produce changes in the gut. In the same year McNaught and Roberts used a similar technique. They injected cultures of E. coli of four different types isolated from babies with acute diarrhoea, mild diarrhoea and no diarrhoea. The extent of the histological gut changes correlated well with the severity of the clinical condition of the babies from whom the cultures were isolated.

The experimental approach to E. coli enteritis has confirmed the epidemiological evidence that variations in virulence from strain to strain and in susceptibility from host to host are rather large in this disease. I am going to illustrate this by comparing recent experience in Adelaide with our experience in Perth. In the second half of 1958 there was an outbreak of infantile enteritis in Adelaide. 405 babies were treated for diarrhoea in the Adelaide Children's Hospital. 268 were admitted with diarrhoea and 137 developed diarrhoea after admission for some other cause. There was an overall mortality of 11% or 45 babies. E. coli 055 was isolated from 113 or 42% of the primary cases and from 95 or 70% of the secondary cases. This high rate of cross-infection is characteristic of specific E. coli and is attributable to the large number of organisms present in the stools of infected babies. Shigellae (19 primary and 8 secondary cases) and Salmonellae (32 primary and 3 secondary cases) spread proportionately less often.

Rectal swabs are taken from all babies on admission to Princess Margaret Hospital. During the six months from March to September this year there was no outbreak of enteritis and only 63 babies were admitted with diarrhoea, about 10% of the total admissions to the babies' ward. Seventeen or 27% of babies with diarrhoea yielded intestinal pathogens, a smaller proportion than in Adelaide, as would be expected in a non-epidemic period. Specific E. coli types were the pathogens in eight or 13% of the diarrhoeal cases, and were found in twelve of the 571 babies without diarrhoea, a carrier rate of 2%. The figures for Shigellae (6 from cases and none carried) and Salmonellae (3 from cases and one carried) show that carriers of these

organisms are proportionately much less common.

There were seven secondary cases of diarrhoea recorded in the six months. Four of them were associated with specific E. coli and no pathogens were isolated from the other three. Thus we have no cause for complacency: eight babies admitted with diarrhoea associated with E. coli and four babies infected with E. coli while in hospital. Four other babies were known to have acquired a specific E. coli type while in hospital without developing diarrhoea. Three babies died with enteritis, but none of the deaths were associated with entero-pathogenic E. coli.

Since the beginning of the year we have been looking for eight specific E. coli types in out-patients and in-patients of all ages with diarrhoea. Among 68 children under two years with diarrhoea specific E. coli types were isolated in 28 or 41%; whereas among 80 children over two years the figure was 10 or 13 %, showing the expected preponderance in children under two years. Shigellae with percentages of 29% under two years and 71% over two years show the reverse age incidence, while Salmonellae with percentages of 29% and 16% show a less striking age differential. A more detailed analysis of age incidence of the E. coli diarrhoeas is of interest. Babies under three months old show the highest incidence, as found elsewhere, and types 026, 055 and 0111 accounted for seven out of the eight cases. Six of the children over two years old yielded type 0126, whereas only one child under two years had diarrhoea associated with this organism. No one to my knowledge has reported that any E. coli type more commonly causes diarrhoea in older children, and the association here may be a chance one. Joan Taylor tells me that she considers 0126 to be one of the least pathogenic types causing diarrhoea. Apart from 0126, the three types first recognised—026, 055 and 0111—are the commonest here.

To summarise, E. coli appears to play the same predominant part in infantile enteritis in Western Australia as elsewhere. At the present moment, it has little more than a nuisance value clinically. Bacteriologically it is a sensitive indicator of cross-infection. The information which the study of E. coli types is giving us will, we hope, help us to be better prepared for an outbreak if and when it does come.

References:

BRAY, J. (1945). *J. Path. Bact.*, **57**, 239.
KAUFFMANN, F. (1947). *J. Immunol.*, **57**, 71.
GILES, C. and SANGSTER, G. (1948). *J. Hyg. Camb.*, **46**, 1.
SMITH, J. (1949). *J. Hyg. Camb.*, **47**, 221.
TAYLOR, J. and CHARTER, R. E. (1952). *J. Path. Bact.*, **64**, 715.
LINDBERG, R. B. and Hunter, D. H. (1957). *Fed. Proc.*, **16**, 422.
NETER, E. et al. (1956). *Ann. New York Acad. Sc.*, **66**, 141.
TOOMEY, J. A. (1934). *Am. J. Dis. Child.*, **47**, 521.
PETTENKOFFER, H. J. et al. (1958). *Blut.*, **4**, 378.
FERGUSON, W. W. (1956). *Ann. New York Acad. Sc.*, **66**, 71.
KOYA, G. (1953). *Jap. J. Comm. Dis.*, **27**, 1.
THOMSON, S. (1955). *J. Hyg. Camb.*, **53**, 357.
DE, S. N. et al. (1958). *J. Path. Bact.*, **71**, 201.
TAYLOR, J. et al. (1958). *J. Path. Bact.*, **76**, 491.
MCNAUGHT, W. and ROBERTS, G. B. S. (1958). *J. Path. Bact.*, **76**, 155.
Clinical Reports of Adelaide Children's Hospital, 1959.

Anglo-American Dinner

July, 1960

The Democratic Convention was still front page news, over 20 Americans were gathered together, and yet there was not a single '*I Back Jack*' or '*Dick's Slick*' lapel badge to be seen ; no picture of Nixon, his dog or his wife, and not even a cautious '*Eisenhower for Ex-President*' badge was sported.

In this non-political atmosphere of the lower spit Professor Warwick presided over a cosmopolitan gathering of about 50 American student visitors, and representatives of all parts of Guy's. Dress was informal, so much so that an apprehensive Barker was relieved to find that the lump in the hip-holster position of a visitor from Arkansas was in fact congenital. After a good dinner the speeches began in earnest, but didn't continue so. Professor Warwick represented all at Guy's in warmly welcoming the Americans, and a few only when he reduced Guy's fame to four men and put forward a suggestion of complacency. An American research worker, Doctor Churchill, gallantly came to the rescue. He said he was most impressed with the scholarship of English physicians—Doctor Maclean stared hard at the table cloth (which he might have been doing anyway, since with his portion of chicken and asparagus had come the information that he was expected to speak later). Nor did Doctor Maclean disappoint, though he regretted that he could not relate his new jokes in the present mixed company as they all originated from Mr. Wass.

At this stage it became rather like a Russian banquet, with a multiplicity of toasts and speeches some called for and given, some called for and not given, and some just given. We heard of Pennsylvanian customs, of English lavatory chains, of Chaucer, of how Mustaffah came to England in 1954 with the intention of going to Harvard and yet was here giving a fluent after dinner speech several years later. Several minutes later Doctor Anderson told a number of American jokes, a number of Americans told English jokes, and fortunately the company had progressed to *The George* before Hallpike had time to tell his Sarson's Vinegar joke.

M.

OBITER DICTUM

DR. CHARLES JOINER :

"I wish I was a registrar ! "

Medicos Look At . . .

Readers may recall that recent comments on some of the plays seen in London in the past six months referred to the fact that much of what one saw on the stage was almost, if not entirely, incomprehensible. On this occasion it is possible to write about some plays which in themselves are certainly not difficult to follow. In fact they are about famous men—Sir Thomas More (*A Man for All Seasons*, at the Globe), Galileo Galilei (*The Life of Galileo*, at the Mermaid) and T. E. Lawrence (*Ross* at the Haymarket). What is interesting is the way in which each subject is dealt with by the different authors and played by the different actors. To the writer, *Ross* is one of the outstanding plays to be seen in London at the moment. Although Terence Rattigan cannot be rated very highly as a playwright, mainly because of his lack of depth and paucity of ideas, this play succeeds because the character of Lawrence wedded to Rattigan's sense of the theatre produces an exciting portrayal of an individual at odds with himself and society.

Unlike More or Galileo, Lawrence was really an eccentric whose problems in relation to others and to society were highly personal. One does not feel that Lawrence was ever faced with the sort of situation which must recur time and again when great men clash with the ruling powers of the society in which they live, and have to decide to conform, or to rebel. Lawrence was at his best when he was on his own on some secret mission somewhere in the Middle East during the First World War. As an expression of his individuality and his being cut off from society, one may quote Sir Ronald Steers who said that Lawrence thought that "there was only one thing in the world worth being and that was a creative artist . . .Since he could not be what he would, he would be nothing . . . when he left the Royal Air Force it would be as a night-watchman in a City warehouse". In spite of this he undoubtedly, in his own personal and even ruthless way, did some extraordinary things behind the enemy lines in Transjordan and Arabia. His eccentricity and highly individualistic personality are well brought out in the play. What exactly happened at Deraa to which Lawrence refers to in his "Seven Pillars of Wisdom" is difficult to tell. The play suggests a physical, sexual outrage which changed Lawrence or rather emphasised his loneliness and separateness. As a result of this he subsequently joined the Royal Air Force under a pseudonym (Ross) and tried to lose himself in the anonymity of the ranks of the services.

The presentation of the play is necessarily episodic, but Glen Byam Shaw directs it brilliantly, assisted by Motley's scenery and costumes and Joe Davis' lighting. The innumerable scenes, not even given in the programme, follow easily and smoothly. Sir Alec Guiness portrays Lawrence superbly, as an aircraftsman, a somewhat odd Intelligence Officer, a disguised Arab or a man broken by torture.

It is interesting to note that Guiness physically looks like Lawrence because one felt at the play that perhaps the actor was too small. To the writer Guiness strutting about when dressed up as an Arab seemed to express something that Lawrence himself would have done. Finally complimentary reference must be made to the very humorous dialogue in the opening court-martial scene and in the scene where Lawrence first meets Allenby, and to the portrayal of the latter character by Harry Andrews and of the Turkish Military Governor by Geoffrey Keen.

Galileo Galilei by Bertolt Brecht is about a scientist who, when faced with the threat of torture, preferred to recant in order to live. Brecht however is not content with presenting Galileo as a man who made what may be called a cowardly decision. He insists on relating the effect of this decision on society as a whole. Galileo's discoveries, according to the play, were being used by the ordinary people as a basis for rebellion against a powerful, despotic and tyrannous system of society and when Galileo recanted he dealt a blow to the progressive forces and to the science of his time. Some may doubt the interpretation of that particular episode of history, but to Brecht, scientists do not live in a vacuum; their discoveries have an impact on society and their theories may affect social relationships. There must be many scientists today who wonder or are even worried about the possible use to which their discoveries about the atom may be put.

The theme is intriguing but the presentation somewhat slow at times. There is too much exposition of what Galileo is doing and finding out. This assumption that the audience is ignorant is paralleled by the almost naive rhymes chanted between scenes and thrown on to a screen. There is, however, a gay and lively scene of a crowd in carnival mood and dramatic scenes involving the Cardinal and Inquisitor especially when the latter, after his appointment as Pope, is being dressed. Bernard Miles, as Galileo, is best in the later part of the play when he recants and is obviously ashamed of his actions, although he tries to justify them on the grounds that only in that way could he go on with his work. In the last scene Miles acts very well, as an old blind man able to enjoy his food with little thought for what he has done.

The problem of presenting in a theatre a series of incidents in the life of a man must somehow be solved otherwise the innumerable changes of scenery hold up the action and each scene becomes too short. Dispensing with the curtain (there is no curtain at the Mermaid) and lowering bits and pieces to indicate change of scene with a common setting is one way of coping with the problem. *Ross* manages to present several scenes, and even a flash-back technique, most successfully. In *Galileo,* Bernard Miles does not succeed in preventing the action from becoming too slow at times. In *A Man for All Seasons* the director, Noel Willman, almost dispels the atmosphere of the play with his methods of changing scene. The climax of the play, the trial scene of Sir Thomas More, is preceded by some comic play with several different sizes of the royal coat of arms.

It has been said that the author, Robert Bolt, is highly selective in his portrayal of More, but he succeeds in presenting what is still

an unsolved problem at many levels in society and in different societies. How does a man dissent from the powers-that-be and still retain some sort of position in society ? Principle is usually sacrificed for expediency, but what is worse, those who do this either do not recognize it and call it by another name, or if they know what they are doing, insist that what they are doing is approved of. In this play one sees that only More had principles to which he adhered, and in the end he could be got rid of only by the perjury of a false witness. The King (Henry VIII) placed his own physical desires before his religion, the Duke, the Cardinal, the Archbishop, Thomas Cromwell and Richard Rich were all prepared to do what the King wished, and the Spanish Ambassador approved of what More did only because he thought he would be an ally against England.

The part of More is played by Paul Scofield who always looks worried although he sounds somewhat off hand right from the beginning of the play. At the same time he conveys the impression that he is convinced that what he is doing is right, and he does so in a quiet unassuming way. He breaks down for the first and only time when he takes his last farewell of his wife, a human reaction by a man who appears to be almost inhuman in his adherence to his principles. Cromwell, played by Andrew Keir, is too much a stock stage villain, but it is difficult to fault Les McKern as The Common Man, except to express some doubt about what his role is supposed to be. Perhaps he helps to keep the world moving, in more senses than one, perhaps he is a spectator of what is going on, perhaps these incidents involve the great and not ordinary people.

CORRESPONDENCE

Letters to the Editor of the Gazette

Doc. Hancock

SIR,—Dr. Davies wants to discover why so many of his contemporaries and of his predecessors and successors at Guy's use the phrase 'that remarkable man', when they recall Doc. Hancock. It would need a very exceptional pen to describe in cold print the various features of Doc's personality. A noble attempt was made in the *Gazette*, when he retired and again on his death and Dr. Davies would learn a lot by extracting those numbers of the *Gazette*, when he next visits Guy's and reading again what he has forgotten.

I, who knew Doc so well, should be able to add still more to what was written then, but it is impossible to put into words what so many feel about him. Suffice it to say that to a great number of Guy's men he was a treasured friend, a skilled teacher and a very wise counsellor. Add to these attributes a keen sense of humour, a love of cricket (especially when played by his native Somerset), unfailing and unstinted kindness, and the power to detect all that was good and all that was false and hollow in his fellows. Perhaps it is for his wise counsel that so many remember him with so much respect and gratitude. Those who did not know "Doc", missed a great deal. He truly was "a remarkable man".

The Innominate Society was formed by a small group of my contemporaries, when we were in the Dissecting Room stage. There were various qualifications laid down for membership: one was an interest in motor-cycling, another a

preference for the air of the country to that of the Great Metropolis, as Hector Wimbush and John Targett always called it. Doc Hancock was our first and only President. When we left Guy's, the Society came to an end. In its place a dining club was formed—the Innominate Club. Membership was greatly increased and again Doc was unanimously elected President: he continued to hold this "office" till his death.

Yours etc.,

H. J. SELBY.

Newnham, Glos.

The Chief on the Adriatic

SIR,—When I was a Resident 1922-1923, the Chief, about this time, was getting ready for the grouse moor, the salmon pool and the deer forest. I understand from *Passim* (30th July) that, now-a-days, he prefers drifting down a canal in a gondola. O tempora, O mores.

Yours etc.,

72, Harley Street, W.1. MURDO MACKENZIE.

REVIEWS

Manual of Surgery. By ROSE AND CARLESS. Baillère, Tindall and Cox. London. 49th Edition. *Price* 84*s*.

This textbook was first published in 1898, and has been used widely in this country and abroad. The nineteenth edition keeps the high standard of its predecessors, and is likely to be even more popular as it is published in one volume.

The two new editors must be congratulated for their efforts, and it is interesting to note that Sir Cecil Wakeley is still associated with the book as Consulting Editor.

There has been a thorough revision of the text, and in fact most of the book has been re-written. Many new illustrations and X-ray photographs have been added, and all of these are of a high standard. There are sections on tropical surgery, otorhinolaryngology and ophthalmology in this edition, and the neurosurgical section will be most helpful to the student, who often has difficulty in understanding the elements of neurosurgery.

This textbook has been well produced, the text is clear and easily read. Perhaps a little more space should have been devoted to inflammatory diseases of the colon in a book on surgery which has 1,356 pages. However, it can be recommended to the student for reference and study for his final examination in surgery.

R.G.B.

Childbirth Without Fear. By GRANTLY DICK-READ. Heinemann. 4th Edition. Pp. 266. *Price* 12*s*. 6*d*.

When Grantly Dick-Read died last year it seemed that the Obstetricians of the world united to pay a guarded tribute, breathed a sigh of relief, and then dispersed along their several ways. This book goes some way towards explaining that reaction, especially for those who have learnt their midwifery since the war.

It sets out to appeal to an impossibly wide audience of mothers-to-be, their families, nurses and doctors; parts of it are certain to bore the one whilst being beyond the comprehension of the other. All will appreciate the main thesis of the 'fear—tension—pain' cycle which is stated, restated and stated yet again. Much now seems obvious: some probably seemed obvious when *Natural Childbirth* was published in 1933, yet individual readers are likely to find several practical points new and useful.

The book is interesting if only in an historical setting, and appealing if only for the author's transparent fervour which tends to disarm criticism. He puts forward childbirth as a religion for those without faith.

In spite of the overstatement of the obvious, the partisan superlatives, the exaggeration of the improbable, the spasms of bold type and sudden italic—in spite of all these this book will stimulate the imagination and sympathy of anyone who has been surprised by the joy of Obstetrics.

R.M.

A Synopsis of Pharmacology—With Special Applications to Dentistry. By V. C. SUTHERLAND, Ph.D. London: W. B. Saunders Company. First Edition 1959. Pp. viii—267. *Price* 28*s.*

Very few books are available on pharmacology as applied to dentistry, at least in the English language. One reason for this, no doubt, is the scant attention paid to the subject in both teaching and dental practice. Yet, today, hundreds of drugs are provided for medical use. A few of these have an undeniable place in dentistry, others have possibilities, and a large number have no application at all. These considerations underline the difficulties in writing a selective work of this kind, and Dr. Sutherland's venture is certainly to be welcomed. He has covered the field extremely well, and though we might have preferred something on, say calcium and fluorides, to his somewhat extensive chapter on hormones, these are personal reactions for which there is no final arbiter.

He has confined himself in the main to pharmacological considerations based on an understanding of physiology and pathology. He has deliberately avoided the experimental aspects, but has not gone so far as to express himself on therapeutics. At the same time he has seen fit to temper his comments with practical scepticism and wisdom.

The question remains who are the readers who will find this book of greatest assistance. It will scarcely appeal to the practising dentist. Rather will it be of help to the undergraduate, probably at an early stage of his course, especially if that includes some introductory teaching in pharmacology. To have this convenient text to hand might well be preferable to poring over hastily scribbled notes which are often not very legible and may even be unreliable. The terse and orderly style of Dr. Sutherland's presentation suits this purpose admirably.

There is, of course, the irritating difficulty again for readers on this side of the Atlantic that the American nomenclature differs from ours. Further, as the last chapter reveals, their legislative measures over prescribing are so different, even if their objective is just the same.

R.G.

Stroke, a Diary of Recovery. By DOUGLAS RITCHIE. Faber & Faber. *Price* 12*s.* 6*d.*

This is a most revealing book. Mr. Ritchie was a broadcaster who, soon after his fiftieth birthday suffered a severe stroke which left him paralysed on one side and completely aphasic. For two or three years he ran the whole gamut of nurses, doctors, specialists, physiotherapists, occupational therapists and rehabilitation centres, which are the fate of such patients, and of which the average doctor knows so little. When he was sufficiently recovered, he began to write an account of his experiences, and this book is the result. When it begins he is about to have his stroke. When it ends three years later he is living in a cheap mews flat in West London, his wife (one guesses) is at her wits' end, his son has become a severe diabetic, he himself has not worked for three years, his speech is only just returning, and he has developed cholecystitis. So it is not just a success story, designed to warm the cockles of medical hearts and cheer patients everywhere.

Nor let it be thought that, for all his experience, Mr. Ritchie is entirely devoid of a sense of the drama of his position. His descriptions of some of the other patients at the centre are strong meat, even when compared to certain television programmes. Yet this is a book one enjoys. It is told in a racy yet never lurid style, it is uncompromisingly honest, and one quickly senses that whatever faculties Mr. Ritchie has lost, his sense of humour was not among them. Nor is this a book that is of more interest to the patient than to the doctor. For Mr. Ritchie records with an honesty that is sometimes embarrassing, exactly what he felt about the way the doctors, nurses and therapists treated him. He was for instance very irate at the nurse who treated him like a baby, and at the consultant who treated him as if he were an insane deaf mute. Anyone who feels ill at ease with patients who are aphasic, paralysed, or apparently weak minded, following a stroke, would do well to read this, an intelligent man's account of what such people really think, and what it feels like to know that one has lost, not only the power to move, but also part of the faculty for thinking. This book is obviously not a classic. But it is a work that can be read with interest by patients or doctors, whether for amusement or for thought.

P.J.S.

Family Planning. By J. F. ROBINSON, M.B., Ch.B. Published by E. & S. Livingstone. *Price* 3*s.* 6*d.*

Family Planning is one of the many subjects which inhabit the gulf between hospital teaching and general practice. Though often ignored in the textbooks it is frequently discussed in the surgery.

This handbook deals mainly with the contraceptive aspect of Family Planning (the broader implications are dealt with in the August issue of *Practitioner*). It leaves aside the moral, social and aesthetic considerations and confines itself to the practical question of anatomy, ovulation and techniques (including the so-called safe period). The diagrams are clear and contribute well to the text.

The Appendices on contraceptive products are prolific but since no reference is indicated they are a little unhelpful. It is a pity that there is no discussion of oral contraception, for once the popular press has enthused it often remains for the doctor to educate.

Apart from these small points this is an excellent book. As doctors we should be well aware of our patients' difficulties—for there is no subject which better proves the old axiom that "a little knowledge is a dangerous thing". Many a married and penurious medical student has become a father first and a doctor second.

B.B.

We acknowledge with thanks receipt of the following books published by Pan Books Ltd.

Arnheim: Urquhart.
Not as a Stranger: Morton Thompson.
Call me when the Cross Turns Over: D'Arcy Niland.
Blackwater: Tredree.
The Bachelor's Baby: Gwen Davenport.
The Three Faces of Eve: Thigpen and Cleckley.

Publication Date 13th May.

Fortune is My Enemy: Pape.
The Bachelor's Baby: Davenport.
Red for Danger: Rolt.
Jutland: MacIntyre.
Come in Spinner: Cusack and James.
British Architects and Craftsmen: Sitwell.
The Cardinal: Robinson.

Publication Date 10th June.

Tamiko: Kirkbride.
The Case of the Lucky Legs: Gardner.
The Third Pan Book of Crosswords: Burgess.
Crime of Passion: Kirkbride.
The Sea my Surgery: Maguire.
The Undefeated: Wylie.
Stalingrad: Schroter.

Publication Date 8th July.

Call Me When The Cross Turns Over: NILAND.
Gideon's Night: J. J. MARRIC.
Circles Round the Wagon: F. GIPSON.
We The Accused: E. RAYMOND.*
A Terrible Beauty: A. ROTH.
* A new edition, extensively rewritten by the author.

OBITER DICTUM

"These pills are exactly the same as the others in every way—but they're a little different."—DR. MACLEAN, Out-Patients.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of a **Registrar (middle grade) in Diagnostic Radiology** with duties to commence on 3rd October, 1960, for a period of one year in the first instance.

Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **3rd September, 1960.**

Applications are invited for the post of **Trainee Registrar in Diagnostic Radiology.** Applicants should hold a higher qualification in medicine or surgery. The holder of this post will be remunerated at the rate for the grade of Registrar. Duties commence 1st October, 1960, with appointment for two years, subject to review at the end of the first year, during which time the holder will be expected and given the opportunity to obtain a radiological qualification.

Forms of application are obtainable from *and should be lodged with the Superintendent,* Guy's Hospital, London Bridge, S.E.1, not later than **22nd August, 1960.**

Applications are invited for the appointment of **Registrar in Endocrinology and Radioisotopes** with duties to commence on 1st October, 1960.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **31st August, 1960.**

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar in Clinical Pathology** to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board. Applicants will be expected to spend two years in a Regional Board Hospital on an exchange basis during a four year tenure of the post. The appointment will be made jointly by the bodies concerned and will be held in the first instance at Guy's Hospital. The post, in the Regional Hospital will be held in the Lewisham Group. The post, which will be reviewed annually, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales), with duties commencing on 1st October, 1960.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **27th August, 1960.**

GUY'S HOSPITAL, S.E.1

The Board of Governors of Guy's Hospital invite applications from registered Dental Paractitioners for the following appointments to commence duties on 1st October, 1960 :

Department of Conservative Dental Surgery

Part-time Registrar to attend on 3 sessions per week.

Department of Dental Prosthetics

Part-time Registrar to attend on 3 or 5 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications with names and addresses of TWO referees should be sent not later than **Friday, 26th August, 1960.**

GUY'S HOSPITAL DENTAL SCHOOL

Applications are invited for the post of **Full-time Assistant to The Head of the Department Dental Prosthetics.** Salary in the scale £1,150 x £100 to £1,750 *per annum,* according to qualifications and experience, with superannuation and Family Allowance. The appointment will be for a period of one year in the first instance, and date from as soon after 1st October, 1960, as possible. Alternatively applications will be considered for **Two Part-time** appointments with attendance on five and six sessions per week. Applications should be made on a form, to be obtained from the Dean, Guy's Hospital Medical School, London Bridge, London, S.E.1, not later than **Wednesday, 31st August, 1960.**

ROYAL SOCIETY OF MEDICINE

The following officers have been elected for the session 1960-61.

Immediate Past President: Sir Geoffrey Marshall.

Hon. Secretary: Professor R. H. S. Thompson

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Examiners for the Membership

E. R. Boland W. N. Mann L. J. Witts

Membership

A. Bowyer P. K. Knight
J. G. J. Howell R. A. Miller

CONJOINT BOARD

Diploma in Pathology
May, 1960

G. B. Skinner A. J. Smith

Diploma in Anaesthetics

H. C. Evans D. S. Robertson
J. Hellewell F. C. Shelley

Diploma in Laryngology and Otology

K. E. Thomas

Diploma in Psychological Medicine

G. H. Daw D. J. Muller

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination
July, 1960

Anatomy and Physiology

Joanna M. Dumbrell B. Penhall
C. W. K. Hopkins P. G. Sullivan
J. C. L. Margerison

Special Anatomy and Physiology

C. W. K. Hopkins — J. W. Norman
Ann C. Leonard — B. Penhall
J. C. L. Margerison — P. G. Sullivan

NURSING NEWS

Entered :

Sister P. Ford to *New Cross Night Duty.*
Staff Nurse P. Rawcliffe to *Job.*

Left :

Sister G. Herbert from *New Cross.*
Charge Midwife Mekelburg from *District.*
Charge Nurse P. Harding from *Theatres.*
Staff Nurse E. Hawkins from *Maudsley Hospital.*

The following Nurses have passed the Final State Examination held in June, 1960 :—

Blaikley, D. J.
Boland, D.
Broome, T. M.
Brown, J.
Chivers, G. M.
Clarke, D. S.
Curtis, J. A.
Day, E. A.
Delehanty, A. M.
Denner, R. P.
Elderton, C. J.
Evans, J. C.
Gass, J. D.
Gordon-Brown, L. M.
Hancox, E.
Harris, N. M.
Harrison, M. A.
Holden, R. J.
House, J. M.
Hudson, J. E.
Kamstra, V. V.
Kett, A. E.
McGuire, N. P.
Martin, E. A.
Newman, B. A.
Quinnell, A. A.
Reynolds, J.
Schafer, K. M.
Stanley, J. C.
Tillson, M. A.
Ward, J. A.
Wiles, J. K.
Wilkinson, S. M.
Williams, B .M.
Wilton, P. H.
Wood, J. R.
Woolley, B. C.

CHANGES OF ADDRESS

D. B. Amos, M.R.C.S., L.R.C.P., 148, Westfield Road, Buffalo 26, New York, U.S.A.

T. B. Brewin, M.R.C.P., D.M.R.T., 163, Dromore Crescent, Hamilton, Ontario, Canada.

BIRTHS

FARMER.—On 30th July, 1960, at Guy's Hospital, to Fay (née Scholefield), S.R.N., and Dick Farmer, M.B., B.Chir., a daughter (Jessica Jane).

HOLDEN.—To Gillen (née Conway Gordon), wife of Christopher Holden, M.B., B.S., a daughter (Julia Margaret), born at the Government Hospital, Manama, Bahrain, Persian Gulf.

HOWARD.—On 19th July, 1960, to Marian (née Burnes), M.B., B.S., and Ramsey Howard, B.D.S., a son (Kenneth Ramsey).

WILLIAMS.—On 10th July, 1960, at Guy's Hospital, to Lynwen (née Thomas), and Stan Williams, M.B., B.S., a son (David Michael), a brother for Ann Carolyne.

MARRIAGES

GARDNER—CRIDLAN.—On 6th August, 1960 at St. Nicholas Church, Chislehurst, Nigel Hedley N. Gardner, M.B., B.Chir., to Juliet C. Cridlan.

HOWARD—BURROWS.—On 7th May, 1960, at St. Catherine's Church, Mile Cross, Norwich, Colin Howard L.D.S., to Rosalie Burrows, S.R.N.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Ten guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

GUY'S MAN requires young, well qualified, congenial and hard working Dental Assistant with definite view to partnership in one of the oldest qualified practices in the County. Three partners at present, a fourth is required. A practice of all round excellence. C. G. Wright, 19, Waterloo Place, Leamington Spa.

EAST SURREY. Two Guy's men wish to contact young Dental Surgeon interested in opening a practice in modern detached house in rapidly developing area. Guaranteed income during build up then partnership. Commence probably October. Box No. 231.

DECEMBER—Assistant in busy conservative Dental Practice, East Sussex town near coast with view possible eventual succession. Remuneration by arrangement. Full chairside and Secretarial Assistance. Clinical freedom. Box No. 228.

GUY'S MAN IN SASKATCHEWAN, CANADA, requires assistant with view to partnership in six months. Midwifery and anaesthetic experience essential. Full details from Mr. Goodliffe, Appointments Bureau, Guy's Hospital.

WILKS & BETTANY—History of Guy's. Two copies urgently required. Apply *Manager, Guy's Hospital Gazette.*

FLAT REQUIRED. Self contained 3 rooms and usual offices. Furnished or unfurnished. Box No. 300.

FOR SALE

HILLMAN MINX 1939. Good running order. Hop 7600, Ext. 496.

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage, Packing 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

INDEX 1959 *may be obtained free of charge,* from the *Gazette* Office, or Wills Library—Binding Cases 5*s.*

BINDING. Have your *Gazettes* Bound 10/6*d.* per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

EDS. { D.N.L. / S.R.M

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1881 *27th August* 1960 *One Shilling*

PASSIM

IT was with very great interest that we were recently able to inspect the lower five floors of New Guy's House. The visit, under the auspices of the Institute of Hospital Architects, had been arranged to provide an opportunity for architects, engineers, chairmen of hospital boards, and other hospital officers concerned in the planning of new hospitals to see what has been done here at Guy's.

One has become used to the size of building when seen at a slight distance but it is even more impressively massive close to. Inside, although far from complete, the basic interior decorations have been finished and one can obtain a very fair picture of its final state. The principal impression one received was that of space—elbow room to which we are at present unaccustomed. The colours are, in general, combinations of pale grey, a pure pale yellow, and light powder blue; with occasional shocks such as the blood-red ceiling of the recovery ward (said to have been chosen for medical reasons).

The "academic" floor has a large amount of laboratory space, a reading and exhibition room, and very generous accommodation for the "take-in" firm complete with a large kitchen. The black-floored, 'L' shaped, wards are small by our present standards, but this is entirely to their advantage, and from the desk at the centre of the ward every patient can be adequately observed.

However, a detailed account would take up volumes, and can await the official opening; sufficient be it to say that on first acquaintance New Guy's House is distinctly pleasing.

We note with great regret the recent death of Norman Alan Neville, B.M., B.Ch. Oxon. (1939). At one time an editor of the *Gazette*, Dr. Neville was Physician Superintendent to Ware Park Sanatorium, Hertfordshire. We offer our deepest sympathy to his family.

We would remind our readers of the "Biennial Dinner" on 7th October, 1960, and draw their attention to the list of acceptances so far received which is published on another page.

We were greatly touched to read in the *Sunday Express* of the generous gesture shown by his patients to an old Guy's man, Dr. Robert Fawcus, on his recent retirement after forty-one years in general practice in Chard, Somerset. A collection was started with the initial intent of purchasing a television set. Over £600 pounds was in fact collected and Dr. Fawcus now has a new car. We wish him all happiness in his retirement.

GUY'S DIARY

SEPTEMBER			Exhibition *The Suprarenals*
10th	S	10.00 a m.	Departmental Round in the Clinical Theatre conducted by Mr. H. Jackson Burrows of St. Bartholomew's Hospital.
24th	S	10.00 a m.	Clinico-Pathological Meeting in the Clinical Theatre.

NOTICES

GUY'S HOSPITAL BIENNIAL DINNER

To be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2, on FRIDAY, 7th OCTOBER, 1960, at 7.0 p.m. for 7.30 p.m. Dress—Dinner Jacket. The Chairman will be Dr. A. C. Hampson. The Biennial Dinner affords the most popular opportunity for old Guy's men and women—medicals and dentals—to meet together and renew the friendships of their student days.

The Hon. Secretary will be grateful if Guy's men and women who intend to be present will apply for tickets (£1 10s.) as soon as possible to N. L. Eckhoff, Hon. Secretary, Biennial Dinner, Guy's Hospital, S.E.1. (Telephone HOP 7600, Extensions 341 and 342).

The following acceptances (giving the year of qualification) have been received up to 20th August, 1960.

Annesley, F. D.	1914	Cook, C. A. G.	1939	Gardiner, H.	1910
Atkins, H. J. B.	1932	Cooper, H. G. N.	1932	Genge-Andrews, G. E.	1912
Bain, W. E. S.	1942	Cox, J. A.	1955	Gibberd, G. F.	1923
Baker, C. G.	1930	Darke, C. S.	1936	Gordon, J.	1940
Berry, P.	1926	Davies, E. R.	1939	Greenwood, E. J.	1926
Biddle, A.	1953	Dhenin, G. H.	1942	Grice, J. W. H.	1917
Bigby, W. L. M.	1928	Doherty, W. D.	1920	Griffiths, R. A.	1947
Blacker, C. P.	1925				
Blaikley, J. B.	1928	Eckhoff, N. L. (Hon. Sec.)	1923	Hallinan, W. M. C.	1946
Bromley, J.	1904	Edwards, C. H.	1937	Hampson, A. C. (Chairman)	1924
Brydone, J. M.	1900	Ellis, F. G.	1949	Henderson, I. D.	1943
Buckler, F. R.	1939	Ellis, G. G.	1932	Heylen, Miss J.	1952
Carr, T. E. Ashdown	1907	Everall, J. D.	1942	Hirsch, P.	1953
Carmichael, J. A. G.	1935	Finnegan, T. R. L.	1946	Hoby, H. J.	1912
Clayton-Jones, E.	1927	French, J. M.	1939	Hore, W. G. R.	1922
Conybeare, Sir John	1917	Gallagher, C. E.	1927	Housden, C. H.	1912
		Gallagher, Miss L.	1959	Housden, G. M.	1927
				Housden, L. G.	1923
				Houston, J. C.	1939

Hughes, W. 1931.
Hunt, J. N. 1940
Irish, D. H. 1932
Irvine, R. E. 1944
Jarman, R. 1926
Johns, S. P. 1947
Johnson, C. H. 1928
Joiner, C. L. 1946
Jones, W. D. Glynn 1928
Kauntze, R. 1935
Keable-Elliott, R. A. 1948
Kinder, C. H. 1945
Lansdown, P. F. P. 1951
Lawrie, R. S. 1939
Leckie, M. C. 1928
Lewis, T. L. T. 1942
Lillicrap, C. A. 1935
McCall, A. M. 1939
McClean, S. D. 1929
MacLachlan, E. M. 1929
McNair, A. J. 1911
Macrae-Gibson, N. K. 1945
Mansie, J. W. 1931
Martin, J. N. 1926
Mayer, J. N. 1935
Mollison, W. M. 1904
Morgan, O. Gayer 1913
Morris, J. D. 1949
Muirhead, H. C. 1931
O'Donoghue, R. J. L. 1929
Parker, F. G. 1927
Parks, A. G. 1947
Phillips, C. H. 1939
Ponder, A. 1935
Ponder, R. C. 1939
Post, H. W. A. 1926
Rahilly, D. M. 1947
Reeves, T. L. 1943
Reinhold, C. H. 1903
Ripman, C. H. 1907
Roots, O. J. 1906
Russell, P. S. B. 1950
Schurr, P. H. 1943
Scorer, S. A. 1928
Scott, D. C. 1914
Sears, W. G. 1924
Shelswell, A. H. 1921
Smallshaw, D. B. 1929
Spurrell, J. R. 1959
Spurrell, W. R. 1924
Sutcliffe, R. B. 1931
Thomas, A. E. 1941
Thomas, I. B. 1950
Tomkinson, J. S. 1941
Trott, L. A. S. 1924
Wass, S. H. 1934
Wheeler, S. J. 1929
Whitlock, D. B. 1923
Whitlock, Miss J. 1959
Wilderspin, K. 1955
Williams, E. A. 1943
Wood, C. E. R. 1931
Wood, G. Nesbitt 1928
Zorab, P. A. 1951

Letters of regret for having to miss this year's dinner have been received from :

Batchelor, J. S. 1931
Clarkson, P. W. 1935
Forman, L. 1923
Fourman, L. P. R. 1941
Gill-Carey, C. 1918
Girling, H. 1927
Guerrier, H. P. 1940
Harley, H. R. S. 1936
Harvey, P. D. 1951
Knott, F. A. 1915
MacKeith, R. C. 1932
Pye-Smith, E. J. 1926
Sawday, A. E. 1919
Steele-Perkins, G. S. 1933
Watson, L. K. 1922

Nursing Staff Vacancies

The following vacancies on the staff of the Nursing Establishment will become available in October.

A Sister in charge of a Male Medical Ward at Guy's Hospital.

A Sister and Staff Nurse for the Male Orthopaedic Ward at New Cross Hospital. Applicants for this post must be State Registered and hold the Orthopaedic Diploma.

A Midwifery Sister. It is essential that the applicant should have had not less than two years' midwifery experience and be a State Registered Nurse holding the certificate of the Central Midwives Board.

J. ADDISON,
Matron.

OBITUARY

E. E. SOLOMAN, L.D.S.(Eng.)

Edgar Soloman, who died 5th August, qualified in 1908, and was a Dental House Surgeon at Guy's. For many years he practiced in Winchester and later at Barton-on-Sea. A competent operator and a good friend, he was also a keen yachtsman and spent much time on the Solent.

F.N.D.

Music in Retirement

by

G. L. Davies

La musique est le plus désagréable de tous les arts—

(Théophile Gautier.)

To decide when within three or four years of retirement to try and learn to play the piano would seem to be an ill-advised project in view of the above dictum of Gautier's. However, this is what I decided to do, and, now that I have retired I am reaping the reward of my perseverance, and derive from it the greatest pleasure. What is more, it is something at which one is continually improving and one's progress is clearly visible to oneself.

Retirement, I used to tell my wife, seems to consist mainly of taking the dog for a walk, chopping firewood and (if one has one) gloating over one's stamp collection in the evening. "No," I reiterated banally, "I would rather wear out than rust out", and a pathetic picture of myself slumped over my surgery desk would sometimes well up in front of my eyes. However, common-sense prevailed over heroics and six months ago my surgery desk was sold to my successor.

The subject of retirement, when mooted amongst one's friends produces some embarrassments. "But you look so young to retire" (an unproductive gambit this in my case). Someone else of rather school-marmish type perhaps says:—"What hobbies are you going to take up ?" and she says it as if it were essential that I should at once feverishly pursue some quest which would be just as exacting as the twice-daily brain-washings in the surgery from which I was just about to escape. To her I replied that I was going to do some more medical work (which was quite true) but in smaller doses than formerly, and this, as an answer, seemed to suffice.

In my day at Guy's was a surgeon who was reputed to have an organ installed in his house, and he would sometimes say (so it was rumoured), "I am now going home to fill my house with beautiful music." If that was true, as no doubt it was, all that can be said is that he had the most delightful pastime in existence. To sit down at a piano or organ after a hectic day's work and play, resolves all one's worries in complete forgetfulness for the time being of the suffering, real and imaginary, which one has had to contend with.

There is nothing quite like it, and it leaves no hangover like our so-called sedatives which are ultimately only depressants.

> " If music be the food of love, play on,
> Give me excess of it, that, surfeiting,
> The appetite may sicken and so die."

It is true that, like the infatuated duke in the play, one can have enough of it, as one can of all good things. But the wise man and woman always recognises the moment when to stop and he carries away with him a "hangover" in the shape of some lilting tune from a current "musical" or some haunting refrain from one of Chopin's waltzes or mazurkas. I rarely reveal the fact to strangers that I am interested in the piano. To me, having already spent the greater part of my life, the novelty is too great to put the matter on record. Besides, I might be asked to play something, to give a taste of my quality, whereas, when I perform, I retire into solitude and close the doors and think perhaps of Chopin when he composed that very piece which I am at that moment so imperfectly performing—Chopin, who was then perhaps longing for his home in Poland, but was in the grip of tuberculosis and George Sand, who, to do her justice, seems to have devoted herself to him during his last illness. There is a haunting combination of notes that crop up frequently in Chopin which seem in some way to express his inner suffering. This is probably a mere platitude; my knowledge of music is so scanty, and when I read in the daily paper some expert's criticism of a piece played, say, at the Wigmore Hall the previous evening, I realise that the language used is of the most esoteric kind and far beyond my comprehension. I will quote a recent example, which is not as "esoteric" as many, but readers of the *Gazette* will know the sort of diction referred to.

> ". . . He did not shrink from (or seek to prettify) the very idiomatic "clanking" and opaqueness of the harpsichord which is an offence to the many brought up on the modern pianoforte."

This sort of thing strikes me—though it may be all very well in its way—as being as useful as the criticism in two different newspapers of a play which was perhaps performed on the previous evening. The two critics may be completely at variance with one another, or completely united in condemning the performance, whereas, to the audience, it was the acme of perfection. This is merely another instance of course of "Where ignorance is bliss 'tis folly to be wise". However, one has only to think of the unkind criticism which was made of Keats' *Endymion* and which was supposed to have hastened his end, to know that this sort of thing will always be, either from "Malice prepense" or from the extreme individuality of many human beings.

Long observation has revealed to me that a good memory is not the prerogative of youth: far from it. Young people often have very defective memories because memory needs training. We certainly find, as we get older, that our memories fail us in different ways. This may be due to the fact that the area of brain devoted to memory, which I believe is in the temporal lobe, tends to reach

saturation point in its capacity to accumulate facts, this point varying very much in different individuals. The time, therefore, comes when, if we try to store up too many facts, some of them inevitably fall out as it were and we remember only the essential ones, or those which have some particular interest for us. No doubt we remember better the things that happened years ago, because they were planted so to speak on virgin soil and were better rooted. For that reason, if an elderly person takes up the study of the piano because he is determined to acquire some degree of skill at it, he will succeed where a boy or girl who has been driven to it by his or her parents will often give up at an early stage or drag on for years without making any proportionate advance.

To go twice weekly, music portfolio in hand, up the stairs leading to the sanctum of some "Miss Crotchett", L.R.A.M. was far from my thoughts. This would, I am sure, have produced a feeling of inferiority as complete as that which I felt when I had a shot at my Final M.B. many years after qualification. "What are you doing here ?" one of my examiners said rather distantly, and I am afraid that "Miss Crotchett" would have said the same. Instead I took up a Correspondence Course which promised to teach me to play in six months (or was it six weeks ?) without the drudgery of scales. I have read that particular kind of advertisement since I was a boy, and have laughed with sheer incredulity. But, of course, "it all depends on you", and, given the determination, one can make that advertisement fill you with the greatest hopes. However, that was three to four years ago and with daily and unremitting practice of at least an hour, I feel I am now on my way. And what is the reward ? Nothing less than the joy of sitting down and producing *oneself* some of the glorious melodies of Chopin, Schumann, Liszt, Schubert, Rubenstein and many more; and without wishing to appear rather priggish with one's classics, one can add with equal truth the names of such popular current musicals as *Salad Days*, *Bless the Bride*, *Free as Air*, etc., etc., the playing of which gives one much satisfaction. However, as a curb on that "vaulting ambition which o'erleaps itself" as Shakespeare says, and that now leads one to expect to be able to play a piece of moderate difficulty at sight, comes the knowledge that leading concert pianists continue to practice several hours daily.

And now to get to the quotation at the head of this article. A riddle of one's childhood used to demand what kind of a noise it was that annoyed an oyster, the answer of course being "a noisy noise". Much of the so-called music of today is just that, and one imagines that most elderly people dislike it intensely, and also, one hopes, those vociferous young people who attend Promenade Concerts, though one cannot be too sure. Some people's tastes are very catholic or is it that elderly people, like Horatio, don't realise that there are more things in Heaven and Earth than are dreamt of in their philosophy, and that modern music, like abstract art, must be expressive or "something", though Heaven knows what. Gautier, perhaps, like Dr. Johnson could see nothing in music, in fact perhaps found it for some reason—some acoustic defect perhaps—actually disagreeable. The ubiquity of music today, having regard to time or place

owing to aerial transmission, has done much to make it disagreeable to many. I had a patient, an elderly spinster, who changed her lodgings several times a year because as she said, somebody's wireless set nearly drove her mad. How far this was true, or that it had become an obsession with her I never discovered. She certainly seemed sane enough in most things. "Oh, the brave music of a distant drum," someone once said, but to those who need quiet the distant music of a wireless set can be maddening and anything but "brave". Those of us who have had to live studious lives for years know perhaps as I did what it is to have someone not far off banging away fortissimo at Rachmaninoff's Prelude when you are trying to remember the relations of the Brachial Nerve, shall we say. The real music-lover likes to have his music in perfect peace. He likes, if needs be, to shut himself up alone, even at home, if needs be with his favourite L.P. records, because one can hardly expect complete silence all through. One remembers the story told by an organist of a well-known London Church: Having got to a sudden and momentary pause in the recital which he was giving, the silence was shattered by a woman's voice saying loudly to her companion, "Oh, but we fry ours in lard ."

One can read a book usually in silence, and likewise contemplate a picture in an attitude of calm repose, but one's enjoyment of good music is often subject to many hazards. Interruptions, extraneous noise, a wrong note even, can infuriate one, and for that reason one may be inclined to agree with Gautier.

CORRESPONDENCE

Letters to the Editor of the Gazette

Practice in the New World

SIR,—There have been several letters in the *Gazette* recently regarding conditions and types of practice in the North American continent, and I wonder whether you would be interested to read what it is like in a large rural practice in Saskatchewan.

I live and practice in Cabri, a small town of about 900 souls, some 50 miles from Swift Current in South Western Saskatchewan. Swift Current has a population of about 8,000 and is considered a largish town by Saskatchewan standards. You must remember that Saskatchewan is about one and one-half times the size of England, Scotland and Wales, but only has a population of about one million. I am the only doctor for a radius of approximately 50 miles, and the area I serve is approximately the size of the New Forest.

The country is flat and uninteresting by English standards. It consists of gently undulating prairie, some of which is rich farmland devoted to grain, and the poorer land is used for ranching. The summers are very dry and hot, the temperature has been in the 90's for the last 3 weeks, and in the winter it may go to 40° below zero. The climate and lack of water make mixed farming and dairy farming unsuitable. This may sound quite dreadful, but the climate is pleasant because it is dry, and even the intense cold is bearable for that reason. All roads are gravel, dead straight and good, so that Swift Current may be easily reached within the hour. Our small town boasts an excellent swimming pool, golf course, skating and curling rinks, and is the shopping centre for the surrounding population of 4,000 or so.

We have a small hospital of 20 beds with good X-ray facilities and fluroscope, E.C.G. and laboratory facilities where we do all routine work such as blood pictures, blood urea, sugar, prothrombin times, etc. A good theatre with facilities to perform almost anything, Boyles' machine and good table. We have two new incubators for infants, oxygen tents, and as good equipment as one sees at Guy's.

A country practice like this, I think, would be difficult to better, but one has to work quite hard. I go round in the morning at 9.00 a.m. and may have some surgical case to do, for which I borrow an anaesthetist from Swift Current. Surgery hours are from 11 a.m. to about 12.15, and then 1.30 p.m. to 6.00 p.m. I then do a quick round in the hospital. Wednesday afternoon and Sunday, I do the minimum amount of work. On the other hand I am only limited in my practice by my capability and skill, or the lack of it. I manage to do all my own obstetrics and routine surgery, such as caesars, herniae, appendices, piles, veins and the like. More complicated cases I can fly out by plane to Saskatoon, which takes about 1½ hours. As you can imagine the practice is large, varied and extremely rewarding. The doctor-patient relationship, I hope, could not be bettered elsewhere in either Canada or England.

Besides medical practice, one is expected to be an authority on diseases of cattle and horses (I am gradually learning) and I must be one of the few Guy's men who routinely replaces cows' uterii and performs colporrhaphy on cows, in the course of his practice. It seems customary that I am invited to preside at local round-ups and branding, to castrate calves, an operation which one does not do very often in the course of surgical practice. Veterinary artificial insemination is another recently acquired skill.

People are social and hospitable here, on a scale not often seen in England, and I enjoy myself very much. Hi-fi and television are substitutes for concert and theatre, but one cannot have everything.

As far as ones financial return goes, I am well off. People are covered here by a hospitalization tax, which provides for their in-patient care, diagnostic and laboratory needs. In this area is a Health Region, which means each family, dependant on their size, pay a subscription each year to a central body, and the doctors are paid a fee for their services at 80 per cent. of the minimum scale of fees laid down by the Provincial College of Physicians and Surgeons. There are also utilisation cash fees payable to the doctor for Surgery calls, night calls and mileage for rural visits. Drugs are payable by the patient. The total cost for Health Region and Hospitalization Tax for a man, wife and two children, is about £40 a year, plus his drug and utilisation charges.

This scheme is very good, the patients are deterred from abusing the scheme by utilisation charges, 7 shillings for a minor office call to 22 shillings for a major call, or evening or Sunday call. On the other hand the doctors are disciplined by an assessment committee, made up of doctors and laymen, who scrutinise any accounts which appear excessive or unnatural. The percentage of the fees payable to the doctors (presently 80 per cent.) is negotiated by the Health Region Governors and the local Medical Association, and is subject to constant review, and a new contract negotiated each three years. Saskatchewan is contemplating a province-wide scheme, for which the Health Region is to be a model. It is not a perfect scheme, but what scheme is ? One's remuneration depends on one's skill and personal effort, but a good G.P. in a good rural or city practice can make about £10,000 to £15,000 a year gross, and although the cost of living is higher by about 50 per cent. this is a very acceptable figure. I am personally able to employ a full time nurse and secretary in my Surgery, and have all the facilities normally seen in any out-patient department, excepting X-ray machine.

To any who contemplate practice in Canada, I would strongly advise them to go to a rural practice, and if they can forego the delights of city life, such as the bustle, grime, noise and night clubs, they will be very happy.

Yours etc.,

NORMAN RIGBY.

Cabri,
Saskatchewan, Canada.

John Lever

SIR,—In view of your note concerning John Charles Weaver Lever (vide current *Passim*), I assume you are well aware that there is, or was, a good bust of him in the Medical School and also that he was the first man to discover the association of albuminuria with eclamptic convulsions. Indeed his treatment of this condition was almost as successful as that of the present day.

It may interest you to refer to a paper that I contributed to the *Guy's Hospital Reports* of April, 1924, since there is a foreword in honour of this great man, together with a photograph of the bust. I have only one remaining reprint with which I do not want to part !

I did not reply to the plea in the *Times* as I have no knowledge of the required etching.

Yours etc.,

FRANK COOK,
Consulting Obstetric Surgeon Emeritus, Guy's Hospital.

3, Cumberland Mansions, W.1.

Ladies Lawn Tennis Club

SIR,—In the report of the Ladies' Lawn Tennis Club in your issue of 30th July, it was stated that it was the first occasion on which the Ladies had reached the final of the Hospitals' Cup. May I point out that in 1953 the Ladies' Lawn Tennis Club won the Hospitals' Cup. I am very disappointed that they did not regain it in 1960. Better luck next year.

Yours etc.,

ANNETTE F. P. CHANT (née Pountain)
(*Captain, Ladies L.T.C.*, 1953).

16, Gainsborough Road,
Bournemouth, Hants.

Jargon

SIR,—In the last paragraph of the *Passim* of 30th July the word "finalised" befouls a sentence. Quite apart from the fact that such a misbegotten word should probably be spelt with a "z" and not an "s", anyone who prefers "finalising" to completing is likely to "expedite admission" rather than to admit soon and to "initialize tiolletage" rather than to cleanse.

The habit of using such execrable gibberish instead of plain English may be easy to acquire and difficult to lose. Why not treat the habit with the same forthright measure that might be used on an early malignant growth—cut it out.

Yours etc.,

KENNETH WILSON.

33, Harley Street, W.1.

Eighty-Three Years Ago

From Guy's Hospital Gazette—August, 1877

THE NEW COLLEGE

"The difficulty of obtaining comfortable lodgings in the immediate vicinity of the Hospital has long been felt by students, and they will look forward with pleasure to the time when this building may be completed. The Student who lives in college will have many great advantages, for he will be sure to hear of any rare case when admitted, and will be within call when any operation is about to be performed. We hope that nothing may prevent this plan being speedily carried into execution."

REVIEWS

Physical Signs in Clinical Surgery. By HAMILTON BAILEY, F.R.C.S., F.A.C.S., F.R.S.E. 13th Edition. John Wright & Sons Ltd., Bristol. Pp. 944. 1,142 illustrations. *Price* 75*s*.

This book is deservedly an established favourite which everyone knows. In 33 years there have been 13 editions and it is now in its 177th thousand. It has had an enormous effect in establishing a standard of clinical examination, and teaching the methods by means of memorable photographs and diagrams.

However a sinister change is seen in the new edition, which is more than double the size of the 11th edition and has changed from the slim volume we used to glance at in out-patients or on the 'bus, to a heavy fat textbook.

The increase comes mainly from doubling the number of illustrations, most of which are as usual excellent, making this book a comprehensive picture gallery of clinical experience, but more a reference volume than a student's handbook. At a time when the student has so much more to learn than ever before, the advent of important new knowledge is almost the only good reason for doubling the size of a book and this does not seem to have occurred in clinical surgical diagnosis; and as a teacher in daily contact with undergraduates and their increasing burden of new knowledge, your reviewer feels that this book should be ruthlessly pruned with an eye to the real needs of the modern undergraduate, eliminating as many as possible of the less useful eponymous tests (such as inflating the colon to see if a tumour is renal, p. 436), and hopes that in future editions it will return to the slim, compact form which made it so popular.

R.L.

Dental Practitioners' Formulary. Pharmaceutical Press, London. 4th Edition, 1960. Pp. 54. *Price* 3*s*. 6*d*. (*postage* 3*d*.).

The 4th Edition of the Dental Practitioners' Formulary, although of similar format to the 1957 edition, shows several important changes. The substances with which it deals are limited to those prescribed by dentists in the National Health Service on Form E.C. 14, which are chargeable to Health Service funds, and it is noteworthy that in the appendix these are listed now in English instead of Latin. This list contains ten additions which include tetracycline and hydrocortisone lozenges, and five deletions mainly of sulphonamides. The "Notes for Prescribers" have largely been rewritten to bring them up to date and render them more suitable for general dental practitioners. The very few indications for the use today of sulphonamides in dentistry is demonstrated by a reduction in this section from two pages to a mere nine lines. This new edition is a great improvement on the old and is of course an essential for every dental practitioner. It should also be studied by every senior dental student and it is hoped that it will soon be made available to them by the Ministry free of charge.

R.D.E.

Clinical Physiology. By CAMPBELL and DICKINSON. Blackwell Scientific Publications. *Price* 50*s*.

There are many recent developments in physiology which have been applied to clinical medicine. This book, written by practising clinicians, incorporates these in a good account of human physiology which is intended for the needs of the physician.

Each chapter is divided into four parts. The first and second deal with normal and disordered function. The third gives the principles of tests and measurements, and the fourth deals with practical assessment. Technical details, however, are excluded, and there is no chapter on neurology. This sub-division of the chapters leads to clarity, but causes some repetition. A selection of references is given after each chapter.

The book is intended for senior students and postgraduates; it would certainly make good reading for the Membership. It is well written and contains much recent information, otherwise not easily accessible. Its new approach is stimulating, and the book can be recommended.

There are a few misprints and minor errors, as might be expected in a first edition. Otherwise it is well produced with clear type, and is reasonably priced at 50*s*.

J.R.R.

Be a Doctor in today's R.A.F.

A G.P. career in the R.A.F. is not only secure but progressive, with excellent opportunities for clinical practice in both junior and senior ranks, and for post-graduate courses. There are also opportunities for those with appropriate experience to specialise. General Practitioners are assured of steady promotion to Wing Commander; recognised specialists to Group Captain. Promotion to higher ranks is by selection.

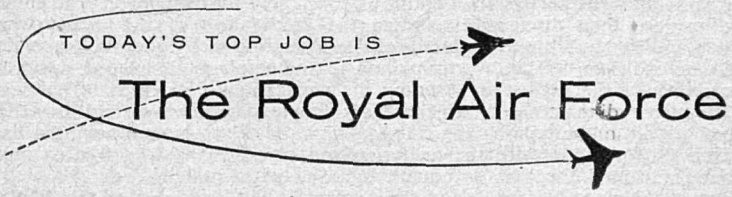
Initial appointment is normally to a gratuity-earning short service commission (3 to 6 years) or to a pensionable commission for 16 years' service. Both men and women under 33 with full G.M.C. registration may be appointed to a commission.

Write for details to **Air Ministry M.A.I. (Go 715a), 1-6 Tavistock Square, London, W.C.1.**

Serve as a Dental Officer in today's R.A.F.

In the R.A.F. you can work with full clinical freedom in conditions which stand comparison with anything civilian life can offer. Entry, which is open to men and women under 33 who are fully registered, is either by short-service commission of 3 to 6 years, qualifying for tax-free gratuity, or for 16 years, qualifying for retired pay. Officers may compete for full career permanent commissions to age 55 during their service. Officers on permanent commissions may be granted study leave on full pay and allowances in order to take higher qualifications and obtain specialist status.

Write for details to **Air Ministry, D.D. of D.S. (Go 716a), 1-6, Tavistock Square, London, W.C.1.**



A Synopsis of Biology. By W. B. CROW, Ph.D., D.Sc. Wright's Synopsis Series. Bristol: John Wright, 1960. Pp. 1,056 with 327 figures in the text. *Price* 90*s*.

Wright's Synopsis Series will be familiar to many students as a useful check-list of essential facts for those preparing for their final medical examinations. The present book, although planned along similar lines, has a rather different function. The author has attempted to compress within one volume carefully chosen examples of every important type of structure, activity or product of living organisms. Only certain medical aspects of biology are included, for obvious reasons. That Dr. Crow has in a great measure achieved his aim is reflected in the size of the index which has about 22,000 entries ranging from α Centauri to Zymo-proteins ! For convenience of reference the book is divided into eight sections: (1) Morphology, passing from ideas on the origin of life to present-day conceptions of the cell and its contents, followed by the structure of the principal classes of plants and animals, and finishing with a chapter on the history and present-day attributes of humanity. Section (2) on Physiology, after dealing with matter and energy proceeds through essential chemistry and physics to the main physiological processes of the living plant and animal. Section (3) covers ecology in the widest sense, including parasites, and section (4) Genetics and Evolution. Sections (5) and (6) give a fairly detailed synopsis of plant and animal classification, with over 200 genera in the mammal section alone. To the general reader section (7), which deals with Applied Biology, is perhaps the most entertaining. The chapter on Foods reads like an extended version of Roget's *Thesaurus* and is a crossword-puzzler's paradise. Here is everything from Cannibalism to Ice-cream, Frumenty to *Myristica fragrans*, and all the cuts of meat described anatomically. Chapters on drugs, the cultivation of plants, the domestication of animals, fishing and fisheries, textiles and other plant and animal products, and veterinary applications follow, and the section closes with a chapter on the biology of perfumery and cosmetics.

The book is rounded off with a comprehensive and up-to-date survey of the principal technical methods available to the professional biologist today. Throughout the work there are selected references given as footnotes which greatly facilitate pursuing a subject in more detail.

The illustrations on the whole do not do justice to the text and are inexpertly drawn. Although displeasing this does not seriously detract from the merit of the book except in the section on animal histology and fig. 171, where new drawings are required; and the text concerning squamous epithelium needs revising.

The very high cost of the book will almost certainly deter students buying it for themselves and not a few departmental libraries may find the price prohibitive. Nevertheless as a new standard reference book it should be available in college or public libraries.

E.W.B.

Partial Denture Construction, Principles and Techniques. By WILLIAM L. MCCRACKEN. C. V. Mosby Coy., 1960. Pp. 528. *Price* 5 *gns*.

The American public places a high value on the services of its dental profession and this is reflected in the elaborate techniques advocated in this work. In his first edition of this new textbook, Dr. McCracken caters for practitioners who are able to prescribe and carry out an ideal form of partial denture service. Those practitioners not hampered by the financial stringency of the National Health Service will find this new work a very complete manual of partial denture construction from which they may draw much valuable material.

This book follows a conventional pattern in which the principles are enumerated and each component part of the denture is considered individually. The clinical procedures are then discussed including the preparation of the mouth where necessary and this is followed by details of the laboratory techniques recommended. Great care is given to treatment, planning, and emphasis is placed upon the responsibility of the dentist in deciding his partial denture design. There is a good chapter on surveying in which several interesting surveyors are described but they are all of the type having a fixed stylus. The instrument having a fixed mounting platform and with the analysing rod or surveying lead free to move horizontally around the cast is thought to be a better design.

One of the principles of design enumerated at the beginning of this book is that proximal tooth surfaces should be made parallel to provide guiding planes during insertion and removal of the prosthesis. This usually necessitates crowning

of the abutment teeth and one doubts the justification for this modification of the normal tooth anatomy. The splinting of teeth together by means of crowns to provide good abutment support and the preparation of teeth to take rests and retainers is rightly stressed.

McCracken is a disciple of Applegate and he advocates the compression of the muco periosteum overlaying the aveolar bone in free-end saddle cases. This procedure; "the fluid wax functional impression technique", is given in detail and though one may question the rationale behind it this is probably one of the better methods of establishing the "functional ridge form".

English readers will find some unfamiliar terms in use in the text. "Odontexesis" is used to describe the removal of calcareous deposits from the teeth and "esthetic" is used as an adjective and a noun when writing of a pleasing appearance. On page 29 there is a somewhat illogical phrase "as equal to . . . as possible" and on page 51, the expression "not too infrequently" occurs. These are examples of minor slips which are excusable in a first edition and the author is to be complimented on his clear presentation and first class illustrations. The printing and binding are of the high standard which one has come to expect of the C. V. Mosby Company.

Although this work is not likely to establish itself as a standard textbook for student use in this country, this book can be recommended to prosthetic enthusiasts and it will be welcomed as a reference volume by teachers of the subject.

D.J.N.

The Principles and Practice of Electrotherapy and Actinotherapy. By BRYAN O. SCOTT, M.R.C.S., L.R.C.P., D.Phys. Med. Heinemann. *Price* 27*s.* 6*d. net.*

This little textbook is designed essentially for physiotherapy students. As such, it is a welcome addition to a field which is relatively poorly covered by existing works. It has succeeded most admirably in keeping abreast with the rapid technical advances of the past decade and is entirely accurate. The description of the various forms of therapeutic electrical current and the apparatus used in its production, is preceded by a clear description of the basic physical principles involved. At the end of each section there is a discussion of the indications for the use and value of the various forms of therapy and throughout there is admirable restraint in forwarding those methods for which there is neither theoretical nor practical indication.

Unfortunately it will prove of little value to the post-graduate student, as several subjects are not adequately covered: electromyography for instance, receives only brief attention, and the measurement of nerve conduction velocity is not mentioned. Furthermore, the presentation is extremely naive, heavy type being used to emphasize what are considered to be important words or phrases, which to many readers will prove most irritating.

The latter, however, does not detract from its main aim, that of introducing the student physiotherapist to the subject and completely covering the syllabus of the examinations conducted by the Chartered Society of Physiotherapy. This it does entirely satisfactorily and should, therefore, find a definite place in the library shelves of every student.

P.H.K.

Practical Electrotherapy for Physiotherapists. By BRENDA SAVAGE. Faber & Faber. 1st edition. *Price* 30*s.*

The initial chapters deal with the theory and application of electric currents, direct, alternating, and high frequency. Ultra violet and infra red radiations are also dealt with. The descriptions are good and the diagrams are clear and add greatly to the text. The dangers of the methods used are stressed, and sensible precautions are also given. This part of the book is excellent value.

The rest of the book is devoted to treating specific conditions by electrotherapy. Alternative non-electrical methods are not mentioned as first choice, so that electrotherapy appears to have pride of place. This leads to giving a list of largely unfashionable treatment in, for example, Facial Palsy: this is no longer treated with ionization, or counter irritant ultra violet light. Likewise, Long Wave diathermy, and Anodal Galvanism are given a larger share of space than is justified. With this fault, largely due to attempting a complete review of her subject, the authoress has accomplished an excellent feat. The price of 30*s.* for 294 pages is however not cheap. The book will provide a useful textbook for the student physiotherapist.

G.H.

The Searching Mind in Medicine. By Dr. W. A. R. THOMSON, M.D. Museum Press Ltd. *Price* 21*s.*

The author, editor of the *Practitioner*, stimulated by the series of talks of the same title (given on the B.B.C. by various speakers) covers a very large field including such topics as radioactive isotopes, cancer, hypnotism, problems of the ageing and anti-biotics. His aim is to survey for the layman the fields of medicine in which rapid advances are being made and thus, as an expert, he comes up against the problem of deciding to what extent he must explain his technical language and how much he may safely leave to his reader's knowledge. The book has negotiated this very well although there are a few notable exceptions where either in his diagrams or in the text a scientific word or phrase is mentioned without suitable explanation.

Throughout the style is very readable and the material presented in an interesting, informative and completely scientific manner. Research questions are shown in the light in which they occurred and are unravelled in an orderly and chronological sequence. Naturally enough, as the author is first to admit, his book is not exhaustive, but the layman might appreciate some expansion of the two paragraphs written on the role of viruses in carcinogenesis at the expense of the more detailed aspects of its chemotherapy and biochemistry.

The book itself is moderate in size, well printed and contains 25 plates and numerous diagrams of which latter the majority are good if not a little too detailed for its public. However, these are minor criticisms and on the whole it can be very warmly recommended not only to its intended audience but also to the student and practitioner who will glean much useful general information as well as seeing these problems in true perspective.

F.A.W.S.

Midwifery. (A Textbook for Pupil Midwives). By G. W. GARLAND and R. C. PERKES. English Universities Press. *Price* 1 1*s.* 0*d.*

This book is excellent value and should prove a great asset for the state registered nurse commencing her midwifery studies. The text is clear and well phrased. There is room for improvement in the number of diagrams and in the details of nursing procedures in midwifery.

M.E.W.

The Mouth—Its Clinical Appraisal. By A. B. RIFFLE, D.D.S. J. B. Lippincott Company, Philadelphia and Montreal. Pitman's Medical Publishing Co. Ltd., London. Pp. 110. Illustrated. *Price* 28*s.*

Dr. Riffle sets out with the admirable and too-often neglected idea of encouraging the dental surgeon to examine the whole mouth rather than just the teeth and the physician to know rather more of the dentist's province and problems. He gives a system for general examination of the mouth and then some of the aspects of dentistry separately. He mentions a large number of conditions, many of them rare, without giving detailed pathology.

It is a pity, however, that he suggests practices which are discouraged in Britain. The author advocates the use of full-mouth X-rays in routine examination. He adheres to a size-scale of swellings using as standards hickory nuts—whatever they are, beans and peas. He apparently has not heard of lignocaine and is scathing about local anaesthesia for conservative work; his views is that skilled and careful cavity preparation hurts very little and this pain is of short duration. Some patients may prefer moderate pain to a "local" but surely this should not be inflicted routinely.

In view of this aspect, the reviewer cannot recommend this as a standard textbook and suggests that, as at present, students develop their own system of complete oral examination.

C.E.M.L.

OBITER DICTUM

Mr. FLOOD in *Victoria*, appreciating the passage of a trolley :

"There's one thing I'll bet they've not got in that New Surgical Building . . . . An oil can."

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of **Senior Registrar in the Department for Venereal Diseases** with attendance on 5 sessions per week. Duties to commence as soon as possible with appointment for a period of one year in the first instance.

Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **3rd September 1960.**

Applications are invited for the appointment of a **Registrar** (middle grade) in **Clinical Pathology** with duties to commence on 1st October, 1960, for a period of one year in the first instance.

Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, S.E.1, not later than **3rd September, 1960.**

MEDICAL RESEARCH COUNCIL

The Council announce that they have made the following Travelling awards for 1960-61. Rockefeller Fellowship: Dr. P. H. Wright, Lecturer in Chemical Pathology, Guy's Hospital Medical School.

United States Public Health Service Fellowship: Dr. Harry Keen, Lecturer and Research Fellow, Department of Experimental Medicine, Guy's Hospital.

GUY'S HOSPITAL
HOUSE APPOINTMENTS

1ST SEPTEMBER, 1960

Assistant House Surgeons

To :

Mr. Blackburn — Mr. C. C. Korvin
3 *months*

Mr. Lawrie — Mr. S. O. B. Roberts
Mr. Glover — Mr. I. D. B. Rennie
Mr. Brain — Mr. R. J. Heald

Appointed for six months, the first 3 *as A.H.S.*

Assistant House Physicians

To :

Dr. Douthwaite, Dr. Baker and, Dr. Joiner — Mr. P. W. R. Harris

Appointed for six months, the first 3 *as A.H.P.*

Dr. Boland, Dr. Houston and, Professor Butterfield (Male Patients) — Mr. S. R. Meadow

Appointed for six months, the first 3 *as A.H.P.*

Dr. Mann, Dr. Kauntze and, Professor Butterfield (Female Patients) — Mr. W. G. Hartfall

Appointed for six months, the first 3 *as A.H.P.*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. — Mr. R. J. Cockerill

Appointed for six months, the first 3 *as A.H.P.*

Casualty Officers

Mr. B. Batten — Mr. A. S. Horner
Mr. A. S. Cooper — Mr. K. E. E. Hubble
Mr. R. D. Hill

House Surgeons

To :

Mr. Massie — Mr. K. E. F. Hobbs
6 *months*

Mr. Eckhoff — Mr. D. N. Landon
3 *months*

Mr. Atkins — Mr. D. A. Reynolds
6 *months*

Mr. Wass — Mr. J. A. Dyde
3 *months*

House Physicians

To :

Dr. Douthwaite, Dr. Baker and, Dr. Joiner — Mr. M. I. S. Keir
6 *months*

Dr. Boland, Dr. Houston and, Professor Butterfield (Male Patients) — Mr. J. R. R. Spurrell
6 *months*

Dr. Mann, Dr. Kauntze and, Professor Butterfield (Female Patients) — Mr. G. M. Preston
3 *months*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and D.X.T. — Mr. E. K. M. Smith
3 *months*

Resident Obstetricians

1. 5.60—31.10.60 — Mr. C. J. Hunter-Craig
1. 7.60—31.12.60 — Mr. J. A. Wall
1. 9.60—28. 2.61 — Mr. D. J. Fishlock
1.11.60—30. 4.61 — Mr. A. W. McKenzie

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Mr. J. D. Lloyd-Still — 3 *months*
Mr. J. B. Gritton — 3 *months*

Throat and Ear House Surgeons

Mr. N. J. Gross
3 *months at Guy's followed by* 3 *months at New Cross*

Mr. R. K. Innes
3 *months at New Cross*

Dermatological House Physician

1. 5.60—31.10.60 — Miss N. Bogdan
1.11.60—30. 4.61 — Mr. C. J. Hunter-Craig

Neurological House Physician

Mr. J. M. Dawson — 6 *months*

Genito-Urinary House Surgeon

Mr. D. N. E. Myers — 3 *months*

House Surgeon to the Thoracic Unit

Mr. B. A. Ross — 3 *months*

Children's House Physicians

Mr. C. J. Rowland — 3 *months*
Mr. D. R. Harvey — 6 *months*

House Physicians in the Department of Experimental Medicine and Resident Junior Clinical Pathologists

Mr. J. D. Wonham — 3 *months*
Mr. C. N. Mallinson — 6 *months*

R.M.Os. in Nuffield House

1.6.60—30.11.60 — Mr. R. B. Huddy
1.7.60—31.12.60 — Mr. J. J. Rippey

House Physicians in the York Clinic

1. 4.60—30.9.60	Mr. I. G. Christie Mr. S. Gold
1.10.60—31.3.61	To be announced later

Resident Anaesthetists

1.6.60—30.11.60	Mr. J. A. Clement (S.H.O. New Cross)
1.6.60—30.11.60	Mr. J. C. Bull
1.9.60—28. 2.61	Mr. J. Hellewell (S.H.O.)
1.9.60—28. 2.61	Mr. J. J. Maher

LEWISHAM HOSPITAL

House Surgeon
Mrs. M. Ellis

House Physician
Mr. M. T. Scott-Kerr

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician
Mr. R. H. Vaux

NEW CROSS HOSPITAL

House Surgeon
Mr. Than Tut

PASS LIST

UNIVERSITY OF LONDON

Special First Examination for Medical Degrees

June, 1960

Valerie J. Beaton	L. Levinsky
C. H. Bligh	Vivienne P. Maher
C. D. G. Johnson	P. K. Monks
A. Kuczynski	G. J. D. Moore
J. T. Laurenson	P. C. Smith

The following General Certificate of Education Candidates have qualified for exemption from the First Medical.

W. V. Annan	S. Mohammed
D. M. Balean	A. D. C. Munro
D. J. C. Barnes	Jenifer J. Myers
J. C. Bennett	H. W. D. O'Connor
W. A. K. Burke	L. G. Parry
P. D. Davies	T. N. D. Peet
L. D. Edwards	M. J. C. Purnell
A. R. Fisher	Margaret E. Pyne
P. H. R. Gill	J. V. B. Robinson
Diana M. Grant	P. J. Rowe
C. D. Hawes	P. Sheridan
A. J. Hazzard	P. W. C. Sherwin
N. J. Healey	G. Smith
Q. Jamil	I. A. Sutherland
A. M. H. Khalifa	M. Thomson
E. D. Lettington	E. Tiller
G. Llewellin	J. J. Wallace
F. W. Merrifield	Margaret Williams

Special Second Examination for Medical Degrees

July, 1960

J. N. C. Atkinson	Danuta H. M. Laganowska
J. W. V. Barrett	
V. Borirakchanyavat	J. H. T. Marshall
B. V. H. Bray	A. Murphy
D. K. C. Cooper	L. C. Nash
F. S. Davidson	I. C. Perry
A. E. Davis	B. S. Pound
V. E. Egwuatu	J. H. Ransford
N. S. Faithfull	D. J. Simler
M. Faruhar	M. Singh
R. P. Hollingsworth	A. Thomas
R. P. Juniper	J. H. Topham
B. S. Kalsi	N. J. Y. Woodhouse
G. T. Klauber	M. J. Wright

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination

July, 1960

*A. H. Atkinson

*Has completed the examination.

Pathology

M. D. Awty	Penelope J. Key
C. G. Bird	Heather Lachlan
Mavis A. Bonnard	L. M. Li Saw Hee
S. S. Brook	Mary B. MacKeith
G. E. Conn	Micheline M. Maher
W. S. C. Cox	J. K. C. Maile
M. H. Devereux	RosemaryR. Norton
P. J. Doust	R. A. Beebles
C. V. Everard	W. E. M. Pryse-Phillips
A. F. Gazdar	M. C. Rallings
E. J. W. Gumpert	R. Stilwell
J. F. Hallpike	N. Stoddart
J. C. Harding	J. G. B. Thurston
N. P. A. L. Harper	E. R. Walrond
Penelope B. Hewitt	G. P. Williams
Anne B. Kenshole	P. J. Winter
Heather S. Kerr	R. J. Worden

Medicine

Betty J. Allen	Tessa Holman
J. P. Barker	A. P. Hopkins
M. S. Bell	Penelope J. Key
A. J. Bron	Heather Lachlan
M. E. Cavendish	Mary B. MacKeith
T. J. H. Clark	J. K. C. Maile
W. S. C. Cox	F. G. M. Musleh
*Jennifer Craig	Rosemary R. Norton
A. F. Gazdar	P. M. O'Driscoll
J. A. Hanne	C. S. Ogg
I. W. Hanwell	J. A. Ogyaadu
J. C. Harding	M. C. Pietroni
N. P. A. L. Harper	D. L. Stevens
Judith M. Hawker	M. A. S. Stoby
Penelope B. Hewitt	E. R. Walrond

Surgery

*R. J. Cockerill	J. R. Mansfield
*R. A. F. Cox	*D. L. Morgan
*Jennifer Craig	*P. J. F. Nicholson-Lailey
*Patricia H. Curry	
*P. G. J. Dobson	*Jennifer P. Peebles
*Ann D. Fairclough	*Karen E. Poole
*R. A. Forster	*S. O. B. Roberts
*N. J. Gross	*M. T. Scott-Kerr
*I. W. F. Hanham	*T. Sherwood
*P. W. R. Harris	*M. A. B. Sneary
J. Leyshon	*R. H. C. Vaux
I. C. McLellan	*Barbara Walsh
*C. N. Mallinson	

Midwifery

Kathleen M. Allsopp	Anne B. Kenshole
W. J. Appleyard	Heather S. Kerr
M. D. Awty	W. A. Landers
Alexander L. H. Barber	Micheline M. Maher
	*D. L. Morgan
E. Barker	J. A. Ogyaadu
A. C. Bird	J. E. Oliver
C. G. Bird	R. A. Peebles
Mavis A. Bonnard	Margaret N. R. Pitt
P. J. Brewer	W. E. M. Pryse-Phillips
S. S. Brook	
W. Bunting	M. C. Rallings
M. E. Cavendish	T. N. Stanbridge
D. G. Daniel	D. L. Stevens
M. H. Devereux	R. Stillwell
P. J. Doust	N. Stoddart
*N. J. Gross	J. G. B. Thurston
J. F. Hallpike	J. P. Vaughan
J. A. Hanne	E. R. Walrond
I. W. Hanwell	E. Young
Tessa Holman	

*Have completed the examination.

UNIVERSITY OF LONDON

Second Examination in Dental Surgery

July, 1960

G. G. Ashby
J. L. Banfill
R. L. Bartlett
D. A. Biggs
A. J. Bishop
D. J. Boddy
H. P. Briggs
A. G. Buchanan
M. J. Burke
R. G. D. M. Burr
Jean M. Callieu
P. H. Chadwick
W. J. Drage
G. A. N. Edgar
B. D. Glynn
J. J. Greenwood
D. H. Griffiths
J. D. Gullan-Whur
G. J. Hearn
M. R. G. Holmes
R. D. Howell
M. C. E. Hutchinson
Sarah A. Larkin
T. R. P. F. Liddiard
I. McCormick
D. O. Matthews
Linda M. Meyer
M. D. Murray
R. W. T. Myall
C. W. Obura
R. A. Porter
Audrey E. Pretty
E. S. Price
H. J. Pritchard
Margaret E. Protheroe
D. J. Purdell-Lewis
C. R. G. Quick
C. R. Rankine
G. C. D. Ross
R. G. Shepherd
P. A. Sims
A. J. Smith
Jennifer M. Sutcliffe
J. A. Thomas
C. D. C. Tomlins
J. E. Turner
Elizabeth A. Ward
Vera N. Warren
Beryl E. Williams

Third (B.D.S.) Examination in Dental Surgery

June, 1960

Pass

K. S. Cowley
Barbara M. Cox
M. A. Ford
R. J. Thomas
Rosemarie Walsh
M. J. Watts
Elizabeth A. Welch

Part I

P. Bloor
R. Boggia
N. G. Bown
J. L. Bradbeer
G. T. Cheney
C. Clegg
K. A. Crawford
C. H. Forsyth
I. N. Garside
D. E. Gibbons
L. P. Harrison
A. T. House
Mary M. E. Hunter
D. H. Lynn
Frances A. MacGregor
Elizabeth A. Manley
E. G. Mann
L. R. M. O. Marten
J. W. Mellors
Valerie A. Moody
J. D. R. Nicholas
P. J. Phipps
D. H. Richards
D. A. S. Roberts
E. V. Roberts
J. A. Smith
R. C. Sullivan
A. Tullis
J. T. Weedy
A. G. Winchester

Part II

D. Boulton
J. M. Brummitt
N. R. Chudleigh
Diana E. R. Cornick
Jeanne H. Faith
M. J. Fatharly
A. Graham
Helen P. E. Green
T. Helmer
A. B. Holmes
J. D. James
L. J. Kessel
M. L. Maberley
Margaret Oxburgh
B. J. West

NURSING NEWS

Entered :

Staff Nurse P. Gooding to *Addison.*

Left :

Sister M. Wetherell from *Matron's Office.*
Staff Nurse J. Campbell from *Out-Patient Department.*

PASS LIST

Sick Children's Register—R.S.C.N.

June, 1960

R. E. D. Calver.
P. J. Heath.
J. Hewitt-Smith.
D. A. Morey.
P. Snoad.
D. S. W. Marsh, S.R.N.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.
Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

REQUIRED

WILKS & BETTANY—History of Guy's. Two copies urgently required. Apply Manager, *Guy's Hospital Gazette.*

FLAT REQUIRED. Self contained 3 rooms and usual offices. Furnished or unfurnished. Box No. 300.

FLAT REQUIRED. 3 rooms, kitchen and bathroom. Furnished or unfurnished. From November. Box No. 234.

DECEMBER. Assistant in busy conservative Dental Practice. East Sussex town near coast. Eventual succession if desired. High remuneration. Full chairside and secretarial assistance. Also part time Assistant required immediately. Box No. 235.

FOR SALE

IVORY TAN STERLING DENTAL LIGHT. Good condition. £20. o.n.o.

KODAK PYRAMID DARK ROOM SAFE LIGHT. Perfect. £2 complete.

CAULK "ALLOY - MERCURY GAUGE. New. £3.

SQUASH RACQUET AND PRESS. £1 Box No. 233.

EIGHT "VETERAN" SERIES STEEL FILING CABINETS 9ins x 5¼ins x 15½ins. 10/- each or £3 the lot—St. Cin, Long Close, Sidbury, Sidmouth, Devon.

HISTORY OF GUY'S 1725-1948. Reduced to clear 5s. each. Postage, Packing 2s. extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6d. each. Coat of Arms 5/6d., PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

BINDING. Have your *Gazettes* Bound 10/6d. per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Batchelor, J. S. An Operation for Paralytic Hip Contracture. *Cerebral Palsy Bull.*, 1960, 2, 39.

Battye, C. K. and Weale, F. E. The Use of the P wave for Control of a Pacemaker in Heart Block. *Thorax*, 1960, **15**, 177.

Baxter, E. W. Combined Oil-immersion, Phase-contrast, and Dark-ground Viewing of "Thorotrast" in Tissue Sections. *Nature*, 1960, **187**, 162.

Campbell, A. M. G. and another. Cervical Disk Lesions with Neurological Disorder. Differential Diagnosis, Treatment and Prognosis. *Brit. med. J.*, 1960, ii, 481.

Chalmers, D. G. and others. Post-operative Prophylactic Anticoagulants. Five-year Study in an Obstetric and Gynaecological Unit. *Lancet*, 1960, ii, 221.

Clarke, C. A. The Health of Executives. *Practitioner*, 1960, **185**, 203.

Cooke, B. E. D. The Diagnosis of Bullous Lesions Affecting the Oral Mucosa. *Brit. dent. J.*, 1960, **109**, 83.

Cooke, Brian E. D. The Diagnosis of Bullous Lesions Affecting the Oral Mucosa. *Brit. dent. J.*, 1960, **109**, 131.

Craft, M. J. Classification of Mental Retardation. *Cerebral Palsy Bull.*, 1960, **2**, 111.

Craft, M. J. Mental Retardation Research Methods. *Cerebral Palsy Bull.*, 1960, **2**, 112.

Ellis, F. G., Kauntze, R., Nightingale, A. and Trounce, J. R. Further Studies in Achalasia of the Cardia. *Quart. J. Med.*, 1960, **29**, 305.

Forman, Louis. Pemphigoid Occurring with Carcinoma of the Rectum. *Proc. R. Soc. Med.*, 1960, **53**, 563.

Foxon, G. E. H. Factual Information in Biology. *The Scientific Film*, 1960, **1**, 15.

French, J. M. and others. Zollinger-Ellison Syndrome with Diarrhoea and Malabsorption. *Lancet*, 1960, ii, 131.

Gardiner, P. A. Protein and Myopia. *Proc. Nutr. Soc.*, 1960, **19**, 96.

Gould, M. S. E. and Picton, D. C. A. The Gingival Condition of Congenitally Cyanotic Individuals. *Brit. dent. J.*, 1960, **109**, 96.

Halden, J. R. Further Report on a Case Demonstrating Bodily Movement of Upper Incisor Teeth. *Dent. Practit.*, 1960, **10**, 131.

Kendall, P. Hume. Needle Biopsy of the Vertebral Bodies. *Ann. phys. Med.*, 1960, **5**, 236.

Levitt, Harry N. An Appointment System in a Single-handed General Practice. *Practitioner*, 1960, **185**, 209.

Lewis, T. L. T. Abdominal Decompression in Labour. *Cerebral Palsy Bull.*, 1960, **2**, 109.

Lombard, W. A. The Changing Face of Anaesthesia. *S. Afr. med. J.*, 1960, **34**, 550.

Macdonald, I. The Interrelationship of Diet and Infection in the Production of Experimental Hepatic Fibrosis. *J. trop. ped.*, 1960, **6**, 3.

Morrant, G. A. and another. The Development and Application of Modern Methods in Cavity Preparation. *Brit. dent. J.*, 1960, **109**, 42.

Morrant, G. A. and another. The Development and Application of Modern Methods in Cavity Preparation. *Brit. dent. J.*, 1960, **109**, 114.

Nissim, J. A. Action of Some Surface-Active Compounds on the Gastro-Intestinal Mucosa. *Nature*, 1960, **187**, 305.

Nissim, J. A. Reduction of the Intestinal Absorption of Glucose, Methionine and Sodium Butyrate by the Cation Trimethylhexadecylammonium. *Nature*, 1960, **187**, 308.

Oliver, Leslie. Favourable Tumours of the Posterior Cranial Fossa. *Postgrad. med. J.*, 1960, **36**, 498.

Oppé, T. E. Respiratory Distress Syndrome of the Newborn. *Cerebral Palsy Bull.*, 1960, **2**, 316.

Oppé, Thomas. Views from Australia. *Cerebral Palsy Bull.*, 1960, **2**, 117.

Pentney, B. H. and Brotherwood, R. W. Captodiame in Anxiety States in General Practice. *Practitioner*, 1960, **185**, 218.

Rees, R. J. W. Some Recent Chemotherapeutic work in Leprosy: Problems in Clinical Trials (discussion). *Trans. R. Soc. trop. med. Hyg.*, 1960, **54**, 207.

Reeve, E. B. Regulation of Blood Volume (Symposium on Regulation of the Cardiovascular System in Health and Disease). *Circulation*, 1960, **21**, 1176.

Ross, D. N. Hypothermia and the Heart-Lung Machine. Clinical Application of the Technique. *Brit. med. J.*, 1960, ii, 571.

Smith, R. E. George Henry Lewes and his "Physiology of Common Life" 1859. *Proc. R. Soc. Med.*, 1960, **53**, 569.

Sycamore, E. McKim. Haemorrhagic Bone Cyst of the Mandible. Report of a Case. *Brit. dent. J.*, 1960, **109**, 101.

Tulley, W. J. Cinéradiographic Studies of Tongue Behaviour. *Dent. Practit.*, 1960, **10**, 135.

Wheatley, David. Antibiotics in General Practice. *J. Coll. Gen. Practit.*, August 1960 No. 28, p. 285.

Williamson, A. W. R. The Effect of Gonadal Steroids on Bone and their Use in the Treatment of Fractures. *Surg. Gynec. Obstet., Int. Abstr. Surg.*, 1960, **111**, 1.

Willmore, Leonard. Three Papers on Speech Disorders. *Cerebral Palsy Bull.*, 1960, **2**, 113.

CHANGE OF ADDRESS

Harold Gardiner, M.S., F.R.C.S., Blythe Cottage, Grove Road, Beaconsfield, Bucks. (Tel. Beaconsfield 108).

BIRTHS

BOYD.—On 29th May, 1960, at Adelaide, S. Australia, to Janet and Michael Boyd, M.R.C.S., L.R.C.P., a daughter (Emma Jane).

BUSH.—On 12th August, 1960, at Torbay Hospital. Torquay, to Margaret (Jo) (née Jones), S.R.N., and Michael Bush, M.B., B.S., a son (Peter Andrew).

HILLARD.—On 1st August, 1960, at Woking Maternity Hospital, to Mary and Anthony Hillard, M.B., B.S., a sister for Timothy (Catherine Margaret).

LANGDON REXWORTHY.—On 5th August, 1960, at Musgrove Park Maternity Unit, Taunton, to Sheila (née Polton), S.R.N., S.C.M., and Robert, a daughter (Sarah Anne).

LATHAM.—On 27th July, 1960, at The Royal United Hospital, Bath, to Sheila and Brian Latham, M.B., B.Chir., a daughter (Carolyn Sarah).

PITT-PAYNE.—On 15th July, 1960, to Dawn and Bruce Pitt-Payne, M.R.C.S., L.R.C.P., a son (Mark). Present address Nadi Airport, Fiji.

PRITCHARD.—On 14th August, 1960, at the Birmingham Maternity Hospital, to Lois (née Mills), and John Pritchard, M.B., B.S., a brother for Robert (Huw Brentnall).

REES.—On 8th August, 1960, at the Women's Hospital, Wolverhampton, to Joan (née Yolland), S.R.N., and David A. Rees, B.D.S., a son (Charles Louis), a brother for Julian Mark.

RUSSELL.—On 2nd August, 1960, at The Outspan, Croxley Green, Herts., to Maureen (née Hutton), and Patrick Russell, M.B., B.S., a third son (Christopher Stephen).

TAYLOR.—On 26th July, 1960, to Anne (née Wilson), S.R.N., and Terence C. Taylor, M.B., B.S., a daughter (Helen Elizabeth Anne).

DEATHS

COLLING-BAUGH.—On 16th August, 1960, suddenly, Cecil Victor Thomas Colling-Baugh, L.D.S.R.C.S., of Telham Court, Canterbury.

ECKFORD.—On 21st August, 1960, Alan Eckford, M.D., of Boston, Lincs.

NEVILLE.—On 16th August, 1960, at Hill End Hospital, St. Albans, N. Norman Alan Neville, B.M., B.Ch., M.R.C.P., late Supt. Ware Park Sanatorium, Herts.

EDS. { D.N.L. S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1882 10*th September* 1960 *One Shilling*

PASSIM

THE long awaited visit of Her Majesty Queen Elizabeth the Queen Mother is creating much interest. She was to have presented the nurses' prizes last autumn, but unfortunately was prevented from doing so by an attack of influenza. She will be all the more welcome when she comes to the Nurses' Prizegiving on 1st November.

The occasion is, of course, primarily for the nurses, and we sympathise with those who have the almost impossible task of issuing the invitations. Fortunately they have the well-known precedent that nurses, prizewinners and their families have priority on this one day.

It will be a change to hear complaints about the limited size of the Physiology Theatre, and the absence of a large elegant assembly hall being made by others than producers of the Residents' Play.

In the first round of the Olympic 110 metre high hurdles, Mr. Peter Hildreth qualified for the next round. However, in his second round heat Hildreth's time of 14.6 seconds was not quite good enough to qualify for the semi-final.

"Why is is it that we so seldom see games reports in the *Gazette*," writes Dr. H. S. Wacher on page 336. This complaint is at present reasonable, though he will find match reports in almost every number published during the last year until the recent mid-summer months when few matches are played and correspondents tend to be on holiday. Dr. Wacher forgets his student days in assuming the fate of the Inter-Hospitals Cricket Cup to be known. In fact the Guy's cricketers have been battling with St. George's in the final for the past three days (incidentally making a very good start).

The *Gazette* will publish any sporting news it manages to elicit from its correspondents. We do not always succeed, and must accept his strictures. It is true that the Rugby fixture list has not been published: it will be; we thought it was still the cricket season. Though there is very little Rugger news at present, we are safe and in good company this Olympic month in stating categorically that all our Rugger players are men and only too willing to prove it.

GUY'S DIARY

SEPTEMBER. Exhibition. *The Suprarenals.*

NOTICES

GUY'S HOSPITAL BIENNIAL DINNER

To be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2., on FRIDAY, OCTOBER 7th, 1960, at 7.0 p.m. for 7.30 p.m. Dress—Dinner Jacket. The Chairman will be Dr. A. C. Hampson. The Biennial Dinner affords the most popular opportunity for old Guy's men and women—medicals and dentals—to meet together and renew the friendships of their student days.

The following acceptances (giving the year of qualification) have been received up to the 3rd September, in addition to those published in the last issue of the *Gazette*.

It would be greatly appreciated if those old Guy's men and women who are intending to be present at the Dinner would send in their applications for tickets (£1 10*s*. each) to N. L. Eckhoff, Hon. Secretary, Biennial Dinner, Guy's Hospital, S. E. 1. (HOP 7600 ext. 341), as soon as possible and, in any case, NOT LATER THAN MONDAY, SEPTEMBER 26th, 1960.

Anderson, J. H. 1926
Aumonier, F. J. 1944

Banbury, Miss J. 1954
Barlow Schofield, J. 1930
Batty Shaw, A. 1945
Blake, G. C. 1937
Bockner, S 1942
Bradbeer, W H. 1931
Bradlaw, R. V. 1926
Brayfield, F. F. 1924
Broughton, Miss M 1955
Brown, Austin 1944
Brown, H. M. 1919
Buxton, J. D. 1943

Camac, J. C. 1950
Crisp, E. J. 1920
Cross, W. G. 1939

Dickinson, J. R. 1934
Dowling, G. B. 1919
Duckworth, D. V. 1952
Edney, C. H. 1926
Elven, R. T. 1932
Emery, L. L. 1952
Evans, G. M. 1943
Evans, P. R. C 1942

Falconer, M. A. 1933
Fabricius, J. M. 1944
Foote, E. S. 1928
Francis, R. C. 1953

Garner, R. T. 1932
Gazet, J C 1951
Gill, W. G. 1932
Goodhart, J. G. 1941
Grasby, E. D. Y. 1926
Grene, J. D. 1942

Hart, R. D. C. 1947
Hillard, K. A. 1954
Hitchings, D. B. 1923
Horton, R. E. 1939
Humphreys, W. H. 1943

Ireland, T. 1932

John, G J 1953

Kidman, G. E. 1916
Killey, H. C. 1950
Kilpatrick, F. R. 1933
Kinghorn, A. 1939
Kirkpatrick, W. R. 1926

Lambert, C. J. 1955
Laver, C. H. 1917
Leggett, L. J. 1944
Lloyd, V. E. 1915

McCallin, S. G. 1939
McConnell, W. S. 1927
McLean, J. W. 1948
MacLean, K. S. 1939
Malone, C. D. 1929
Manning, F. R. C. 1941

Mant, A. K. 1943
Marshall,
Sir Geoffrey 1911
Mather, H. 1913
Morgan, C. R. 1938
Morgan, R. H. 1953
Morrant, G. A. 1945
Morris, I. B. 1929
Morrison, Miss E. 1952
Mullally, G. T. 1910
Mullally, Miss S. 1954

Nicholson, T. W. 1954
Noble, D. S. 1950

Pickard, B. H. 1945
Pierce, G. F. M. 1950
Plowman, R. D. 1939
Popplewell, J. R. F. 1930

Renton, T. W. 1942
Reynolds, Mrs. B. 1954
Riddolls, A. W. 1925
Robertson, J. M. 1930
Roe, W. P. 1928
Rycroft, J. A. 1951

Scantlebury, W. K. 1931
Scott, E. D. 1913
Scott, S. C. C. 1953
Scott, Mrs. S. C. C. 1955
Simpson, C. Keith 1930
Smith, A. L. H. 1940

Steward, G. V.	1930	Vaughan, D.	1923	Watson, J. S. F.	1938
Symonds,		Vertue, H. St. H.	1916	Watson, W. H.	1950
Sir Charles	1915	Vine, S. M.	1943	Watkin, P. J.	1913
		Vulliamy, D. G.	1941	Wilkinson, P. A.	1934
				Wood, J. R.	1953
Targett, W. K.	1926	Walker, F. A.	1923	Worthington, C. L.	1925

Letters of regret for having to miss this year's dinner have been received from :

Carr, T. E.		Kendall, N. E.	1915	Strong, S. V.	1925
Ashdown	1907	Key, M. Aston	1895		
Deuchar, D. C.	1948	Rogers, A. T	1921		

Dental Society Ball

The Dental Society Ball will be held this year at the Café Royal, on Friday, 11th November.

In order to avoid overcrowding, the number of tickets on sale is to be limited. Application forms will be available in a later issue of the *Gazette*.

P. HOWARD,
Hon. Ball Secretary.

Guy's Hospital Ladies' Association

The Ladies' Association are holding a Sale of Work on Wednesday, 19th October, at 2.30 p.m. in the Ground Floor Gymnasium of the Physio-therapy Department.

They would be most grateful to receive gifts of Home Produce, Plants and Flowers, and articles for the 'Jumble' Stall. These could be left at 24, St. Thomas's Street, any Tuesday or Thursday.

OBITUARIES

AIR VICE-MARSHALL SIR ALAN FILMER ROOK, *K.B.E.*, C.B., F.R.C.P.

Alan Rook was a student at Guy's before the 1914 war and qualified in 1915. After the war he returned to Guy's as a house officer and obtained the M.R.C.P. (Lond.) in 1919. He then joined the newly formed Medical Branch of the Royal Air Force when the late Sir David Munro was Director General. Rook's ability as a physician and his qualities of good judgment and fairness were soon recognised and at a relatively early age he was appointed Consultant in Medicine at the R.A.F. Central Medical Establishment and in 1939 he was elected to the Fellowship of the Royal College of Physicians.

During the war Rook held a key position among the Consultants in the Central Medical Establishment, for among his colleagues were Sir Charles Symonds, Dr. Geoffrey Dowling, the late R. D. Gillespie and the writer. Rook's knowledge of the administrative and service side of the Consultants' duties coupled with his sound commonsense and outstanding clinical ability led us all to seek his advice when in doubt or difficulty.

Rook will be long remembered with gratitude and affection by thousands of officers and other ranks who have come under his care during his thirty years in the R.A.F. He was just as careful, kind and considerate in dealing with an ill aircraft hand as he was with an Air Marshall. There was general rejoicing when in 1948 he was awarded the K.B.E.

When Rook retired from the R.A.F. in 1948 he was appointed Senior Health Officer to Cambridge University. Although his department was primarily concerned with routine medical examinations of undergraduates, many Cambridge students during the post-war years have reason to be grateful to him for his help and advice.

Sad to say, Alan Rook fell ill not long after his retirement, and died in the R.A.F. Hospital, Ely, on 26th August, 1960, at the age of 68, after a long illness courageously born. We extend our sympathy to Lady Rook and his son Lionel Alan Rook, now an Ophthalmic Surgeon in Canada.

J.J.C.

N. A. NEVILLE, B.M., B.Ch., M.R.C.P.

Norman Neville died on 16th August. To his many friends the news of his death at the early age of 46 must come as a terrible shock.

He died of a malignant disease after a comparatively short illness. He had been informed of the diagnosis and had accepted his fate with the quiet dignity which was such a prominent feature of his character.

He left Whitgift School in 1933 with a Surrey County Major and State Scholarship for Queen's College Oxford, and entered Guy's on 19th October, 1936, with a Combined Hospitals University Entrance Scholarship.

He was a student demonstrator in Pathology and won the Beaney Prize in Pathology in March, 1939, and the Treasurer's Medal and Prize in Clinical Surgery in June, 1939.

On qualifying in June, 1939, he was appointed Assistant House Physician at Guy's and on the outbreak of war he was transferred to Pembury where he remained until January, 1940, when he returned to Guy's.

On completing his house appointment he joined Dr. R. T. Grant's M.R.C. Unit and took part in the investigation of shock in which they were then engaged.

He was called up for service in 1942, and joined as Surgeon Lieutenant R.N.V.R., serving in Iceland, U.K., and Australia. He was demobilised in 1946 as Surgeon Lt.-Commander and returned to Pembury for 6 months.

In 1947 he went to Broomfield Sanatorium as Assistant Medical Officer. There he met Ada, daughter of Dr. Yell, the Physician Superintendent, and Mrs. Yell, whom he married in 1950. Soon after he was made Director of the Mass Radiography Unit and in 1952 he was appointed Physician Superintendent of Ware Park Sanatorium where he worked until his final illness.

From 1940 to 1942 he was editor of the *Gazette*. He enjoyed this appointment immensely and carried out his duties with great skill at a very difficult time.

He is survived not only by his wife and two sons but by his parents to all of whom our sincerest sympathies go in their very sad loss.

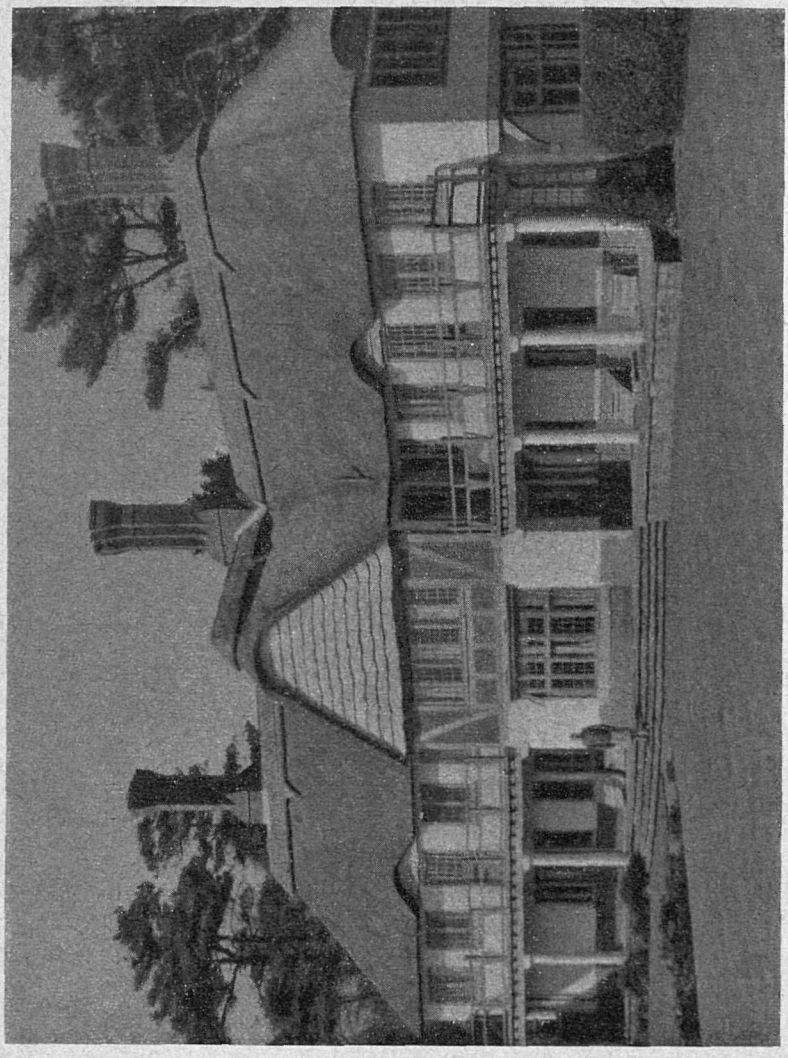
Norman will be remembered as a quiet, shy person, who went about his work in an efficient manner. He had a deep love for poetry and his sense of humour was very fine. He spoke little and was rarely seen without his pipe in his mouth. When he spoke it was always very much to the point. He was a wonderful friend in good time and bad and he is very sadly missed.

W.G.T.

Contributors to the "Gazette" are reminded that copy must be received in the Gazette Office, 16 St. Thomas's Street, not later than 10 a.m. on the Monday of the week of issue.

The Thatchings

Speed's old maps of "part of Sussex" show occasional sinister brown spikes in the blue waves depicting the English Channel. Halfway between Brighton, (South from London), and Portsmouth (South-West), Bognor is seen as an insignificant little town, and the eye is caught more by the sinister points of *Bognor Rocks*, a mile or two further west towards Spithead. An occasional visitor, making the seventy mile journey from London at any time in the last hundred years, might have strolled along the shore towards the Rocks, and inspected one of the many wrecks which have fetched up there from time to time. A little further west, and then a short path half a mile inland, comes to the little village of Aldwick, where the *Ship Inn* is comfortably decorated with compass, navigation lights and pictures of wrecks of the last fifty years. In 1930, to walk further west would have revealed one or two coastguard cottages and a few houses only. Since King George V convalesced here in 1935, and gave to nearby Bognor the proud title *Bognor Regis*, the attractions of the area have been less ignored, and some lovely modern houses have been built along the seashore. In 1948, Mr. Robert Askew, a Governor of Guy's, presented his house, "The Thatchings" to the Hospital, as a rest-home for the students and staffs of the Hospital and its schools. This splendidly generous gift has allowed nurses, staff and students, over the past twelve years, to recuperate after illnesses, or to relax at week-ends and on vacation, in a perfect setting for a holiday.



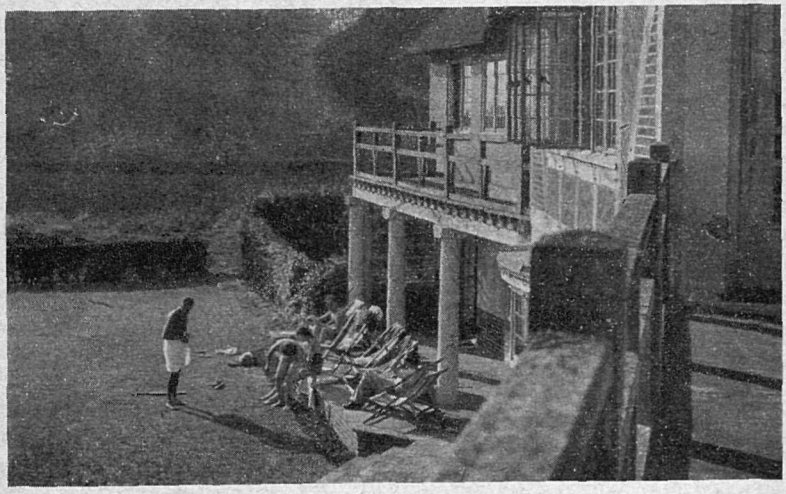
The Thatchings
From the South

The beach, at the point where "Thatchings" stands, consists of a steep slope of shingle the top of which is about six feet higher than the spring tides and fifteen feet above the average high water mark. When the tide is halfway out, the steep shingle, ideal at high tide for the vigorous swimmer, gives way to a long slope of sand which makes bathing safe for the leisurely and for the learner, and allows the sea to be warmed by the sun as the tide comes in.

At the top of the shingle beach is a garden gate, with a path through a row of evergreen, fronded tamarisk trees. Five yards, and one is in the garden of "Thatchings". Elegant hedges and lawns, a miniature putting course,and a hard tennis court surround the good looking house, with twin verandahs and tall grey thatched roof. Staying in the house there will be anything from half-a-dozen to twenty-four Guy's men and women, from all departments of the Hospital. A radio and gramophone, with records, are available in the lounge, and a television set is in another room, where the Guild of Ex-patients and Friends of Guy's has also installed a library of surprising range for holiday reading.

As Resident Manager, Mr. Edgar Lewis exerts a benign influence; he is a mine of information about local places and events and an unobtrusive and friendly figure whose pride it is to see convalescent nurses and students, visibly regaining weight and colour after illness. For week-ends and holidays, too, Mr. Lewis manifestly derives great pleasure from the sense of well-being which comes to all who have been in the house for twenty-four hours.

A major factor in the enjoyment of a stay at "Thatchings" is the superb fare prepared by Mrs. Lewis, who is a retiring, charming lady whose cooking is second to none, with highlights in the form of mouth-watering cakes which she bakes daily. Visitors have caught taxis across London for an earlier Bognor train, in order not to miss tea at "Thatchings".



There are buses to Bognor and back at half-hourly intervals, from a little lane a quarter of a mile away. A post office and several small shops are in the same lane. For those who want to explore Sussex, Chichester and Arundel are less than ten miles away, while such suitably rural names as Yapton and Climping grace the intervening villages. Bognor has a pleasant selection of coffee-houses and shops, and several cinemas and some very agreeable "pubs" are easily reached in the evening, notably *The Ship*. The convalescent patient has to be at the house at 8.30 p.m., but this is no hardship with the sea at the foot of the garden.

From the list of names in the visitors' book, it seems that there are many who do not know of the existence of the house and its amenities. A call at the Counting House is the quickest way to find out the geography, the very modest, even nominal charges made to visitors, and the availability of rooms for some weeks in advance. A short description of "Thatchings" has seemed a good idea, lest any who would enjoy its facilities, should miss the opportunity through ignorance. If these few lines read as an advertisement it is because at least one frequent visitor to "Thatchings" has enjoyed the company and the surroundings very much indeed. The house is open from November 1st. to September 30th, and all seasons are agreeable in the shelter of the South Downs, for it is often a fine day on the Sussex coast when there is rain inland. Try a short visit, and you will surely return for a longer holiday.

J.W.

CORRESPONDENCE

Letters to the Editor of the Gazette

Anglo-American Dinner

SIR,—The recent Anglo-American dinner, reported in your recent number, was a most enjoyable occasion. Any members of staff who, like myself, were invited to attend, were indeed fortunate. More is the pity that one speech at least, by myself (and therefore perhaps others), was twisted in the reporting. "M" would make a good reporter, and this is no compliment. I hope I may be permitted to express the hope that he has never occupied, and never will, your editorial chair. It is regrettable that he should occupy your columns. He ascribes certain remarks to me, which taken out of their context—I believe mischievously—belie completely the tenor of my contribution to an evening which should not be marred, even in retrospect, by such misrepresentation. I did indeed refer to the "great men of Guy's", and added the well known fact that three of them (Richard Bright, Thomas Addison, Thomas Hodgkin) qualified in Edinburgh. Many lesser folk who come, like them, to spend a large part of their working years here, develop an affection, pride and loyalty equal to that of any indigenous member of this community. That this should become complacency, as may happen in the best of circles, none could approve. "M" would have shown a more responsible appreciation of my remarks—and of what is presumably his own School—if he had reported my own optimism in the new sap constantly bringing new leaves to the old oak. Its roots are venerable and secure; the massive limbs of its past, of which some of us may be too overwhelmingly conscious, need not lead us to complacency or pessimism. A modern Addison may appear in the healthy new fruit at any time—and there were not so many of his ilk in the past, which we always see somewhat telescoped. I see no good reason for the merely destructive views which one sometimes hears from detractors within and without our community. As long as the spirit is abroad which can prompt such excellent occasions as this dinner, we can be confident, as I then said, that the soil is still as fertile as ever it was.

I trust "M" was not one of the large party who repaired to "The George", as he says, to round off the evening; for, as he omits to say, as a solitary lapse into decent reticence— your humble servant was the instigator of this post-prandial pilgrimage.

Yours etc.,

ROGER WARWICK.

Guy's Hospital, S.E.1.

Familiarity

SIR,—Thanks to the Press and Television all our patients are familiar with the phenomenal progress of Modern Medicine. However, one of my patients recently anticipated quite a few years.

I sent her daughter into hospital with osteomyelitis of the calcaneum, and as I was nearby her home two days later I looked in to enquire as to her condition.

"I'm very dissatisfied with the hospital" she said "she's just lying there with this pain in her heel, and they are not giving her any treatment".

"But surely they are giving her something" I said.

"Only Penicillin".

Yours etc.,

K. A. HILLARD.

Halfacre, Pyle Hill,
Mayford, Woking.

Sports Reports . . .

SIR,—Have the men students at Guy's ceased to play games? If not, why is it that we so seldom see games reports in the *Gazette*. I think the only ones recently applied to the lady students. There have been practically no reports of cricket matches this season, and I am wondering still as to what happened to the Inter-Hospital cup.

The recent discussions upon the Rugby Football fixture list were very disquieting and I was most relieved to see that a suggestion to reduce the fixture list of stronger clubs was turned down. After all, last season's results might have looked poor in respect of matches lost and won, but the total tally of points, for and against, surely showed that many matches had been lost by extremely small margins. I look forward to seeing the fixture list for the coming season, and hope that the *Gazette* will publish it without delay. At the same time may I ask that we have full reports of each match, no matter what the result. It is all very well for the Editor to say that it is not his business to make these reports, but if he himself is interested in the games—as he should be—he should insist on getting them to time.

As an old Guy's man who has been out of touch with the Hospital for very many years, I look to receiving news of the doings of the present-day students in their games, and the *Gazette*, as it has always been in the past, is the only means of bringing me this news, which is of more interest than seeing pages of "book reviews". I feel sure that I am also speaking the same thoughts as very many other old Guy's men. With all good luck to all the XV's in the coming season.

Yours etc.,

H. S. WACHER.

The Wilderness, 97, St. Stephen's Road,
Canterbury, Kent.

. . . and information

SIR,—It occurred to me yesterday that, although there is an admirable 'question and answer' service in the *Practitioner* some Guy's men would prefer to hear what their own pundits had to say in answer to queries.

For people such as myself—a considerable distance away from available first-hand information—it often happens that subjects crop up, the discussion of which is not to be found in any (even up to date) textbook; neither can one really rely on the publications of the drug firms, however authentic sounding they may be.

Has it ever been suggested that the *Gazette* start such a scheme for its percentage of overseas readers ?

For instance—no one about here seems to know the precise difficulties of using Pethidine and Pentothal on the same patient I.V. at the same time. When does precipitation occur ? When must they not be used ? What would be the alternatives to such a useful combination ?

Let it be realised by the expert who answers the question that in the more remote parts (*and* those *not* so primitive) we are faced with the possibility that the patient might be nursed by one of his or her own coloured skin. Not so long ago a qualified native nurse left a post-operative case to die rather than miss her evening tea break.

About the production of the *Gazette* there need be no comment other than to mention that it is still the most-looked-forward-to publication.

Yours etc.,

D. P. DAVIS.

P.P. Box 178,
Eshowe,
Zululand, S.A.

SPORT

LAWN TENNIS CLUB

U.H. Cup Final

Guy's 3, St. Thomas's 6

The final of the U.H. Cup against St. Thomas's Hospital was played at Cobham, on 17th August, 1960. Guy's progress to the final was :—

1st round : Bye.

2nd round v. Westminster : Won 7-2.

Semi-final v. St. Bartholomew's : Won 6-1.

Guy's having won the cup for nine successive seasons, were very eager to reach double figures; and likewise, St. Thomas's were very eager to win a cup they had not seen for ten years. The match was played in perfect conditions, though tension ran at a very high level. Guy's had concentrated their strength at first couple, hoping to take three matches here, with the idea that the second and third couples should win one match each. The first round of matches was thus a very good pointer as to how the match would go. At first couple, Devereux and Blake faced another U.H. pair in Lawrence and Barber. In the first set games went with service for sixteen games, though the Thomas's pair, in particular Lawrence, was having difficulty in holding service. Guy's missed at least a dozen points for the break through, without conceding one themselves. Eventually, however, Barber dropped his service and Devereux served out for the set at 10-8. Thereafter, the Guy's couple gained confidence and took the second set easily. Blake's touch at the net was at times quite brilliant.

At second pair Guy's were represented by Rose, the U.H. captain, and Dickinson, playing in his first final. Against a very strong St. Thomas's 2nd couple, they were far too inconsistent to make much impression, and lost 6-1, 6-3. Similarly the Guy's third couple, Stoker and Cerruth, normally a very difficult pair to beat on account of their steadiness, played rather indifferent tennis in losing 6-3, 6-1 to a weaker St. Thomas's third pair. Thus at the end of the first round Guy's were 2-1 down, and things began to look ominous as in the next round the pairings were to St. Thomas's advantage. Devereux and Blake beat the St. Thomas's 3rd couple easily; Dickinson and Rose, playing more forceful and steady tennis, took a set from St. Thomas's 1st couple, but were crushed 6-1 in the third set; and Stoker and Cerruth lost in two straight sets to their opponents' 2nd couple. After two rounds Guy's were thus 4-2 down, and needed all three matches of the next round to win. Devereux and Blake again won easily, and Stoker and Cerruth started very well against the St. Thomas's 1st couple, taking the first set. They lost the second set after a bitter struggle, and then lost heart when they saw that the Guy's 2nd couple had lost very rapidly to the St. Thomas's 3rd pair. This, in particular, was a most unexpected and disappointing performance.

St. Thomas's thus won by the unexpectedly easy score of 6-3. Despite our intense disappointment at losing a cup we had grown to think our own, we would like to extend our warmest congratulations to our opponents. St. Thomas's also deserve thanks for the hospitable way in which they entertained the Guy's side, the celebrations continuing until late in the evening. Cerruth, however, possibly through disappointment, refused to drink any beer, so that another member of the Guy's team had to have his share too.

Match Details :—

1) Blake and Devereux (Capt.) :—
beat Lawrence and Barber, 10-8, 6-2.
beat Saunders and Bowen, 6-3, 6-4.
beat Caplan and Drake-Lee, 6-2, 6-3.

2) Rose and Dickinson :—
lost to Lawrence and Barber, 4-6, 6-4, 1-6.
lost to Saunders and Bowen, 1-6, 3-6.
lost to Caplan and Drake-Lee, 5-7, 1-6.

3) Cerruth and Stoker :—
lost to Lawrence and Barber, 6-3, 2-6, 1-6.
lost to Saunders and Bowen, 3-6, 4-6.
lost to Caplan and Drake-Lee, 3-6, 1-6.

Result : St. Thomas's Hospital 6
Guy's Hospital 3

GOLF CLUB

Inter-Hospitals' Cup 2nd Round

Guy's v. Westminster

R. H. Mummery won 5 and 3.
R. C. Cockerill won 8 and 7.
T. Tetlow won 9 and 8.
P. Sievers won 6 and 5.
A. Bowden won 3 and 1.

Match Result : Guy's 5, Westminister 0.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF OXFORD

Pharmacology and Principles of Therapeutics
J. W. Ogilvie

UNIVERSITY OF CAMBRIDGE

Doctor of Medicine
D. G. Montefiore

UNIVERSITY OF LONDON

B.Sc. Physiology
Second Class Honours (Upper Division)
B. S. Worthington

HOSPITAL INFORMATION

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

WOKING. An Assistant Dental Surgeon with view to partnership. H.S./A.H.S. experience an advantage. This is a modern, well equipped four surgery practice with its own dental laboratory. Prospects are excellent for a dental surgeon of integrity who is interested in joining a dental practice as a partner after an introductory period. G. Sperryn-Jones and L. Warrington, 125, Chertsey Road, Woking. Tel. Woking 1784.

DECEMBER—Assistant in busy conservative Dental Practice, East Sussex town near coast with view possible eventual succession. Remuneration by arrangement. Full chairside and Secretarial Assistance. Clinical freedom. Box No. 228.

S.R.N. by the Head Office of a National Company located in North London. The position is Sister in sole charge. There are, of course, no industrial hazards but the Sister should have a keen interest in human relations. Office hours, Staff restaurant, good conditions and attractive surgery. Please write giving details of age, training, qualifications, experience and availabliity for interview to Box No. 236.

NURSE COMPANION for elderly gentleman. Drive car and run house near Salisbury. Resident cook and daily housemaid. Reply, Lady Trevelyan, Sandell's House, West Amesbury, Wilts.

FOR SALE

HISTORY OF GUY'S 1725-1948. Reduced to clear 5s. each. Postage, Packing 2s. extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6d. each. Coat of Arms 5/6d., PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

BINDING. Have your *Gazettes* Bound 10/6d. per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Benson, P. F. Subdural Haematoma in Childhood. *Med. World, Lond.*, 1960, **93**, 16.

Bishop, C., Honey, M. and Taylor, D. G. Ventricular Fibrillation during Left Atrial Puncture. *Brit. med. J.*, 1960, ii, 191.

Bishop, P. M. F. Oral Contraceptives. *Practitioner*, 1960, **185**, 158.

Bradlaw, Robert. Gaudeamus Igitur. *Brit. dent. J.*, 1960, **109**, 138.

Burn, J. H. Why Thiopentone Injected into an Artery may cause Gangrene. *Brit. med. J.*, 1960, ii, 414.

Calne, R. Y. Afferent Loop Volvulus with a Grossly Elevated Serum Amylase. *Postgrad. med. J.*, 1960, **36**, 514.

Jackson, Beric. Documentation in Anaesthesia *S. Afr. med J.*, 1960, **34**, 632.

Simpson, Keith. The Camera in Forensic Pathology. *Med. biol. ill.*, 1960, **10**, 164.

Treadgold, Sylvia. Billy goes to Hospital. *Med. biol. ill.*, 1960, **10**, 191.

Turk, D. C. Shigellosis and Sulphonamides *Lancet*, 1960, ii, 460.

CHANGES OF ADDRESS

D. A. Earnshaw, M.A., M.B., B.Chir., Hall Field House, Earl Shilton, Leicester. (Tel. Earl Shilton 3067).

N. A. G. Leadbeater. M.B. B.S., Le Chalet, Mont Cambrai, St. Lawrence, Jersey, C.I.

H. M. Tuddenham, Surg. Lt. R.N., 12, Manadon Drive, Manadon, Plymouth, Devon

A. S. Valentine, B.A., M.B., B.Chir., c/o 1, Devonshire Avenue, Beeston, Notts.

BIRTHS

DREDGE.—On 17th August, 1960, at St. Mary's Hospital, Portsmouth, to Alison (née McNair) S.R.N., and Micheal Dredge, L.D.S., a son (James William Jamen).

DRYGAS.—On 5th August, 1960, at Canmore, Alberta, Canada, to Barbara (née Allen) S.R.N. and Frank Dyrgas, a daughter (Sharon Anne) sister for Wendy Gail.

HOPE.—On 20th July, 1960, at Flin Flon General Hospital, Manitoba, Canada, to Jim and Jean Hope (née Booth), a son.

NICHOLSON.—On 25th July, 1960 to Margaret (née Sheldon) and Gordon Nicholson, M.B., B.S., a daughter (Helen Mary) a sister for James and John.

PAGET.—On 25th August, 1960, to Valerie (née Cooper) S.R.N., and Seaton Paget, M.B., B.S., of 16, Quarry Road, Hastings, Sussex, a son (Jeremy John) brother for Jane and Sally.

SCOTT.—On 21st August, 1960, at 32, Forest Drive, Theydon Bois, Essex, to Margaret (née Barrie) and Sydney Scott, M.B., B.S., a daughter (Jane) a sister for John.

SHANNON.—On 22nd August, 1960, to Patricia (née Goldsworthy) S.R.N., and Colin Shannon, M.B., B.S., a son (Samuel Richard) at the Phyllis Maternity Home, Melton, Suffolk.

MARRIAGE

JOHNSTON—CAMPBELL.—On 3rd September, 1960, at Holly Mount Church, Malvern, Worcs., Robert Gordon Scott Johnston, M.A., to Jill Maureen Campbell, S.R.N.

DEATHS

ROOK.—On 26th August, 1960, Air Vice Marshal Sir Alan Filmer Rook, K.B.E., C.B., F.R.C.P., of Little Abingdon, Cambridge. Aged 68 years.

SOLOMAN.—On 5th August, 1960, Edgar Soloman, L.D.S.

WHEELER.—On 16th June, Francis James Wheeler, M.R.C.S., L.R.C.P., of 4, Queen's Road, Southport, Lancs.

EDS. { D.N.L. S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1883 *24th September* 1960 *One Shilling*

PASSIM

THIS issue has as usual several book reviews : one is of especial importance. The book itself is a well established handbook on fevers, but the tenth edition with semi-stiff cover represents another attempt by Lloyd-Luke to publish books that students can afford.

For many years there have been frequent suggestions that some medical books should be published in cheap editions as short lasting paper back volumes with lower quality paper. Few people advocate this for standard medical or surgical textbooks which students buy regardless of price and with the intention to keep. It is not surprising that the cheap edition of Bailey and Love* produced at the end of the war had little success. Books which should benefit from cheap editions are those which do not require profuse illustration, and yet which the student usually cannot afford and does not purchase—books on Neurology, Psychiatry, Paediatrics and other specialist subjects. Short-lived editions of Therapeutics and other rapidly changing subjects are particularly suited to production in a cheap form.

Publishers in the main are unwilling to take the risk. Some of them are reluctant to abandon the characteristic qualities for which their books are famed. But publishers, like all businessmen, are interested in profit, and casting aside the altruistic argument that they should produce what students need—cheaper books, there is always the possibility that the first firm to publish really poor quality cheap books will do great business. E. & S. Livingstone say that the potential saving is too small, that for instance a cheap edition of Davidson's textbook of Medicine would cost only about eight shillings less at twenty-seven shillings instead of thirty-five shillings. This does not allow for any increase of sale which would surely follow from the publication of cheap editions. In any case Davidson's book is not the type of book best suited for the venture.

Lloyd Luke's pioneering efforts are welcome. Their cheap editions are still beautifully made, and people may well ask why they do not experiment with a book of Penguin-like quality. Students

*HAMILTON BAILEY, *Contemporary Emeritus Surgeon, Royal Northern Hospital, London*

*ROBERT JOHN McNEILL LOVE, *Contemporary Consultant Surgeon, Royal Northern Hospital, London.*

would buy such a book: Dr. Stafford Clark's book has a great sale amongst students.

Change may come; some publishers unwilling to experiment in this field do say that if the author made strong representation for cheap editions they would have to consider it. Therein lies future hope.

Sir Gordon Covell has been awarded the Walter Reed medal of the American Academy of Science in recognition of his contributions to tropical medicine.

It is the first time that this award has been made to a British subject.

It is with very great pleasure that we publish the sixth of Mr. Lees Read's aricles on the Rebuilding of Guy's Hospital. Not only those away from the Hospital, but the many now at Guy's gazing at the apparently complete new surgical building have relied upon his articles for news of the forbidden territory to the East of Maze Pond.

The building should be in use next February. Before then, on 29th October there is the opportunity on the Open Day to see all that has been achieved. Perhaps it is these facts which led Mr. Lees Read to write that the present article 'completes the story'. It does not; the story of the rebuilding of Guy's will go on being unfolded, and in thanking him for the excellent and entertaining way in which he has kept us informed during the past three years, we warn him that we shall not let him forget his promise to write more about future plans and developments for Guy's.

We congratulate Pagliero and his cricket team upon retaining the Inter-Hospital Cricket Trophy, and particularly for the spectacular way in which they defeated St. George's in the final. A full report will appear in the next issue.

At a time when so much medical practice tends to follow American example, it is good to know that the traffic is not entirely one way. Last week Mr. Patrick Clarkson flew to the United States to begin a six week visit, during which he will address audiences ranging from the International Burns Symposium at Washington, and Columbia Medical School in the East, to assemblies of Plastic Surgeons in Los Angeles and San Francisco in the West. His subject matter is equally diverse extending from the expected 'Repair of the Hand', to 'Obesity', and an intriguing 'The Breast in Art, History, and Religion, with a Note on the Plastic Contribution'.

After the tour, Mr. Clarkson is flying from New York direct to Athens where he is to visit hospitals, under the auspices of the British Council.

We hope that we may hear something of his experiences when he returns in November.

Professor R. E. Lane, Nuffield Professor of Occupational Health at the University of Manchester, has been appointed a member of the Government's research study group on toxic chemicals. Professor Lane qualified at Guy's in 1923.

This week Miss R. A. Duncombe begins her appointment as Matron of Queen Victoria Hospital, East Grinstead. She takes with her the good wishes of all who have known her during her 6 years at the Evelina.

They said it would never happen: it has. Some said he would not: he did. He would not allow us to, but we shall—congratulate our Editor David Landon upon his recent marriage, and on behalf of all who work for the *Gazette* wish him and his delightful wife great happiness.

GUY'S DIARY

SEPTEMBER			Exhibition. *The Suprarenals.*
OCTOBER			Exhibition. *Haematemesis.*
4th	T	1.00	Mr. Eckhoff. Clinical Lecture. *Breast, Nasal and Abdominal Reductions.*
7th	F	1.00	Dr. Mann. Clinical Lecture. *Reticuloses.*
8th	S	10.00	Surgical Departmental Round in the Clinical Theatre, conducted by Mr. H. E. Lockhart-Mummery of St. Thomas's Hospital.

NOTICES

GUY'S HOSPITAL BIENNIAL DINNER

To be held at the Connaught Rooms, Great Queen Street, Kingsway, London, W.C.2., on FRIDAY, OCTOBER 7th, 1960, at 7.0 p.m. for 7.30 p.m. Dress—Dinner Jacket. The Chairman will be Dr. A. C. Hampson. The Biennial Dinner affords the most popular opportunity for old Guy's men and women—medicals and dentals—to meet together and renew the friendships of their student days.

The following acceptances (giving the year of qualification) have been received up to the 17th September, in addition to those published in the last issue of the *Gazette*.

Baker, G. A. E.	1951	Cameron, J. S.	1958	Edmonds, R. W.	1954
Bass, B. H.	1950	Campbell, J. M. H.	1916		
Birtwhistle, T. D.	1942	Carnegie, D. M.	1943	Frazer, W. F.	1938
Blazeby, R. H.	1934	Constable, H. A.	1931		
Boger, J. R. F.	1955	Crabb, H. H.	1939		
Boland, E. R.	1923	Crabtree, J. W. A.	1942	Gardiner, P. A.	1937
Boswell, P. R.	1914	Craigen, A. A.	1948	Garnett, A. T. G.	1931
Bowen-Davies, A.	1933			Geidt, D. W.	1932
Bucknall, C.	1940			Gill, L.	1917
Burns, T. H. S.	1946	Davies, P. M.	1937	Gould, M. S. E.	1956
Butterfield, W. J. H.	1945	De Groot, M. H.	1957	Gover, G.	1954

Hawkins, B. E. 1925
Helliwell, P. J. 1938
Hicks, C. A. N. 1927
Hind, G. R. 1910
Hope, H. D. Astley 1948
Houghton, Mrs. V. P. 1955
Hunt, B. W. 1936
Hutton, A. M. 1938

Jackson, R. C. 1937
Jacoby, N. M. 1934

Kelsey Fry, I. 1947
King, D. P. 1934
Kingsbury, J. G. 1925
Kynaston, R. U. F. 1941

Layton, T. B. 1906
Lewis, A. J. D. 1931
Lindsay, G. P. 1920
Lloyd, N. L. 1923

MacLachlan, K. E. 1950
Mahler, R. F. 1947
Maile, W. B. D. 1940
Mansfield, F. 1956
Martin, L. G. C. 1941
Maxted, P. B. 1942
Millis, G. C. 1923
Moore, W. P. N. 1953
Munro, I. A. H. 1946
Murray, F. A. 1945

Nicholas, C. P. 1937

Orr, R. G. 1953

Palmer, B C Morton 1934
Palmer, C. G. 1932
Palmer, M. S. Morton 1941
Phillips, E. S. 1916
Potts, M. W. 1954
Purser, Miss J. 1953

Ratcliff, R. A. 1932
Rees, J. Russell 1951
Reid, R. G. 1932
Robin, I. 1933
Robinson, R. E. 1924
Rose, J. P. I. 1943
Ruggles, P. W. 1950

Schollum, J. A. 1926
Scott, G. W. 1949
Scriven, J. E. 1952
Sharp, E. C. 1937
Skinner, P. V. 1951
Smith, K. P. 1930
Starling, E. C. W. 1914
Stewart, A. P. O. 1953

Taylor, H. C. C. 1923
Tilley, R. 1941
Trafford, H. 1925
Tuddenham, A. D. 1953
Turner, T. 1906

Vance, J. 1948
Vickers, M. D. A. 1955

Wallace, F. H. 1903
Wallis, M. J. T. 1915
Warner, E. C. 1925
Watson, J. N. 1907
Wharton, J. C. 1931
Whimster, W. S. 1925
Wilkins, D. C. 1952
Wilkinson, C. H. 1951
Williams, I. D. C. 1932
Williams, J. D. 1949
Willis, J. H. P. 1954
Wilson, K. L. 1943
Wolstenholme, A. G. 1944

Letters of regret for having to miss this year's dinner have been received from :

Bulstrode, J. C. 1940
Fawkes, R. B. 1923
Ive, O. 1930
Joiner, C. L. 1946
McLean, J. W. 1948
Ripman, H. A. 1941
Stafford-Clark, D. 1939
Thomas, J. D. S. 1925
Tillman, W. G. 1937

Guy's Science Club

Extraordinary General Meeting

An extraordinary general meeting of the Guy's Science Club will be held in the Staff Common Room on Wednesday, 5th October, 1960, at 4.30 p.m. by kind permission of the Dean.

The main purpose of the meeting is to consider possible changes in the constitution of the Club and to receive suggestions for speakers at future scientific meetings.

It is hoped that members of the Teaching and Research Staffs of the Hospital, Medical School and Dental School will attend this meeting if they possibly can.

Tea will be served at 4.15 p.m.

J. GRIFFITH, *Hon. Secretary.*

Guy's Hospital Ladies' Association

The Ladies' Association are holding a Sale of Work on Wednesday, 19th October, at 2.30 p.m. in the Ground Floor Gymnasium of the Physio-therapy Department.

They would be most grateful to receive gifts of Home Produce, Plants and Flowers, and articles for the 'Jumble' Stall. These could be left at 24, St. Thomas's Street, any Tuesday or Thursday.

OBITUARIES

EDGAR ARTHUR TOMES, L.D.S.Eng.

Edgar Tomes qualified in 1908 and was appointed a Dental House Surgeon. The following year he became a Demonstrator of Prosthetic Dentistry. Before entering Guy's he had been a Dental Prosthetist and had acquired a thorough knowledge of the craft; in the Hospital he obtained a sound knowledge of anatomy, so that he could appreciate the difficulties which the patient sometimes experiences in managing full dentures. Being of an artistic temperament he took a keen interest in prosthetic dentistry as an art. In short he practised dentistry as a profession.

F.N.D.

C. V. T. COLLING-BAUGH, L.D.S.Eng.

Colling-Baugh was a South African who qualified from Guy's in 1922. He settled in practice in Canterbury and became Dental Surgeon to the Canterbury Hospital and a member of the Canterbury and Thanet Hospital Management Committee. Very up to date in his professional methods, he had also a wide interest in life and was greatly respected in the cathedral city.

F.N.D.

Forty Years Ago

Passim, 2nd October, 1920.

A much discussed feature of all branches of education is the compulsory lecture. Guy's students will find that there are here, as in nearly all Colleges, a number of lectures at which attendance is required by the regulations of the Medical School and Examining Bodies. Years ago when printing was a laborious and expensive process the lecture was one of the only means by which a man could learn to bring himself "mind to mind" with his teacher. Nowadays the abundance of textbooks and journals has altered the conditions of things entirely . . . But the fact remains that the art of lecturing is a gift vouchsafed to comparatively few teachers. In so far as lectures are compulsory the student is compelled to take the good with the—shall we say—less good. Some men find lectures a genuine help. Others find that half an hour with their books is worth all the lectures in the world. We believe that attendance at lectures should be made an entirely voluntary matter, inasmuch as compulsory attendance is by no means the same thing as compulsory attention. Moreover it can be no satisfaction to a lecturer to know that the well-filled theatre is due less to his own powers than to the stern necessity of his audience being "signed up". A Medical School should not cater for slackers. If lectures are useful, men will go to them. If they are not, they are merely a waste of time both to those who have to attend them and to the lecturers who have probably spent much time and thought upon their preparation.

OBITER DICTUM

PETER HARRIS : *On being dropped after 3 years in the 1st XV*

"I am well known for my tolerance, but . . . "

THE REBUILDING OF GUY'S HOSPITAL—VI

By B. LEES READ, *O.B.E.*, F.C.A., F.H.A.
Clerk to the Governors

THERE was quite an amusing, at times one could almost say exciting, discussion at one of the site meetings between the representatives of the main contractors and the representatives of the sub-contractors installing the heating system. The latter had stated for some time that they wanted the heat turned on in order to test their equipment on the 1st April. Only two weeks before this date they stated that they did not want the heat turned on as they would not have completed their installation in time. The main contractors reminded the sub-contractors that only the week before they had confirmed that heat was required by the 1st April and to this the sub-contractors replied that they could not finish their installation because the builders had not finished plastering behind the radiators. The builders' retort was they could not finish the plastering because they had not been able to erect the walls as the sub-contractors had not finished their "carcassing". The sub-contractors' comeback was that they had not finished their "carcassing" because in places there were no walls to which to fix the pipes and that they had, at an earlier date, fixed the radiators once to determine the position in order that the builders could complete their walls and finishings. This discussion seemed to go round in circles and as descriptions of the walls that were not completed gradually crept from the 9th floor downwards, I began to wonder how much of the building that I could see was, in fact, in existence and finally enquired from the builders if, in fact, they had put in the foundations. By this time I think it had been decided that this controversy had better be continued elsewhere and the main contractors and the sub-contractors hurriedly decided they would have a private meeting to thrash out the matter. (Steam was in fact first taken over to the new building early in September, 1960). Nevertheless, as progress on the different sections of the work was discussed during the meeting, matters affected by the turning on of the heat kept coming up for discussion and I think one of the most amusing comments made at any time during the course of erection of the building was made by the heating and ventilation sub-contractors' representative when he said, apropos the date the heat would have to be turned on, "I realise that the heat must go on eventually". He was, of course, pretty quickly asked if he were certain on this point as, otherwise, there seemed to be no reason for putting in the installation.

From time to time we have suffered from confusion in phraseology and some of the expressions used have required quite a lot of explanation. However, when I came across a schedule marked "Cardiac Surgery Joinery Work" I did begin to wonder what new development Sir Russell Brock had in mind. This particular phrase ultimately

turned out to refer to special joinery work needed in the Cardiac Surgery X-ray Department but, as originally used, it looked as though cardiac surgery had become more a matter for a carpenter than anyone else.

Another amusing confusion in terms occurred recently when a lorry driver bringing a load of ballast, *i.e.*, small sand and stones, for use in the making of the ambulance drive-in, was not certain where he had to go to deliver his material. He left his lorry, came in through the Great Maze Pond gate and said to some young man who was walking along, "I have got the 'gravel'; where should I go ?" He was immediately sent over to the Out-Patient Department for examination. I believe this story got about and was reported in a daily paper but, as I am assured it happened at Guy's, I thought it was nevertheless worth repeating.

Although the measurements that I mention below are not perhaps exact, a strange error came to light recently when several hundred towel rails and a large number of blanket warming rails were delivered to the building. The plans specified and provided space for 2 ft. towel rails; 3 ft. towel rails were delivered. The size of the radiators in front of which the blanket warming rail was to be fitted necessitated a blanket rail 5 ft. 6 ins. long. These were delivered 5 ft. long, with the result that they could not be fitted at all. These mistakes were no fault of the Hospital which had not, in fact, had anything to do with these items other than agreeing the sizes and positions as shown on the original plans. Somewhere in between the preparation of the plans and the giving of the instructions to purchase this equipment the measurements had gone wrong. The Hospital, of course, is not prepared to take delivery of equipment that is unsuitable and cannot be fixed and the best suggestion made to date for correcting the error is for whoever was responsible for ordering to rent a stall in the Caledonian Market or Petticoat Lane and to dispose of the surplus equipment in that way.

Other difficulties in connection with the supply of fittings are illustrated by the following examples.

When the first ward lighting fittings were delivered and installed, it was noticed that the sides were inclined to buckle or twist. A close examination of these revealed that they were made of a lighter gauge metal than originally intended. The manufacturers of the fittings had done this deliberately, using a specially coated metal, with the intention of diminishing the risk of rusting, but had overlooked the possible consequences. All the ward lighting fittings delivered were therefore returned and new ones manufactured.

A large number of taps were already fixed when it was realised that in places brass was showing through the chromium plating. A number were removed and sent for testing by an independent firm specializing in this work, who reported that, on the samples tested, considerably less than the British Standard Specification of chromium deposit had been put on these taps when being plated. As a result, large numbers of taps had to be removed and returned to the makers for re-plating. In this case the fault seemed to be with the chromium

platers, as apparently, when the work was being done, some fault had developed in the process.

The specification for the central bank of sterilisers called for the electricity cables to be carried in galvanised iron or steel tubing as a protection against moisture. By some mischance, the installation was carried out in black-japanned conduit, with the result that it was condemned and had to be replaced as per specification. A further mistake was that some of the conduit and junction boxes had been so positioned that the grilles giving access to the ventilation ducts could not be removed. This was entirely the fault of the man doing the work. He had taken the easiest route without troubling to think of the consequences. This also was put right when the condemned wiring was replaced.

At a very recent site conference, there were two amusing items. The first referred to certain metal articles which had been put into position and which had been covered by the manufacturers with a specially prepared and coated paper in order to avoid scratches. The time having come when the protection was due for removal the manufacturers found that they could not remove the protective paper from the articles in question and had to ask the architects how this could be taken off.

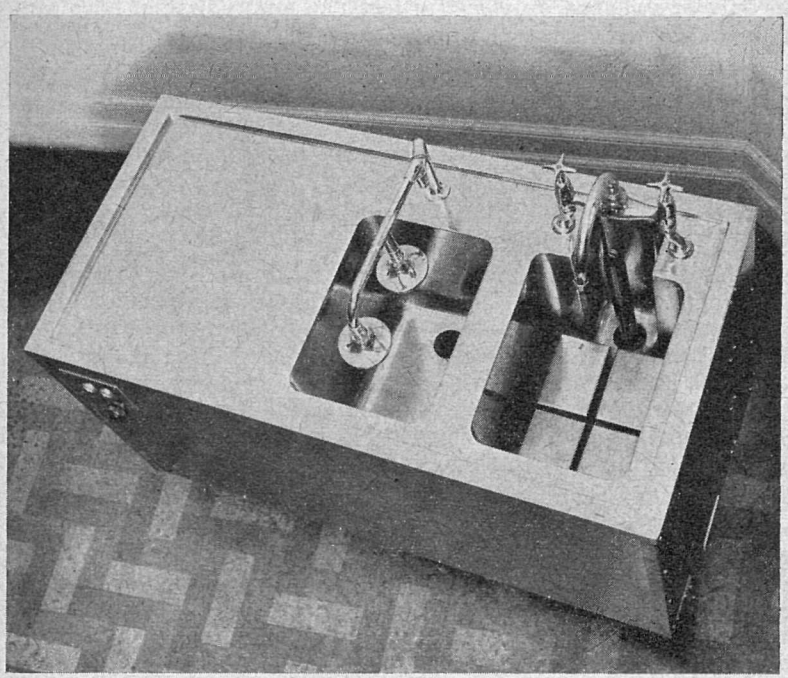
The second arose when the Minutes of the previous meeting were being discussed and one of the Minutes stated that a certain course of action had been agreed. The contractor protested against the Minute, stating that this was not, in fact, what was agreed, but what they had had to listen to !

In the fifth of this series of articles reference was made to the use of the ultrasonic method of de-greasing for the washing of dirty surgical instruments and syringes and a general explanation of the process was given at that time.

During the intervening 12 months a great deal of experimenting with this equipment has been going on and, as a result, ultrasonic washing units have been designed specifically to meet the Hospital's requirements. Five of these units are on order, a special one for use in the Central Sterile Supply Department; the other four, of a different type, will be located one between each pair of operating theatres.

The illustration shows the appearance of the finished unit as made for installation between the pairs of operating theatres. The top, including two sinks and ample drainage area, is made of stainless steel shaped and welded to provide a slight slope for the drainage areas into the tanks and all welds have been ground flat and passivated so that it is really impossible to see where they have been made. One of the two sinks is fitted with four ultrasonic transducers and it is these that create the vibration in the water into which the instruments are immersed for cleaning purposes. As the energy from the transducers is radiated mainly from the top surface, the tank has been designed to ensure that all cleaning is within the effective working area which is 12 ins. x 16 ins. The sinks are supplied with hot and cold water and the second sink, *i.e.*, that not fitted with ultrasonic transducers, is used for rinsing the instruments in their trays after they have been passed through the ultrasonic cleaning process. This

is done by means of a spray, shown on the illustration, mounted at the rear of the unit and it is necessary because, although ultrasonic vibration will loosen any material adhering to the instruments, it will not necessarily remove it from the instrument tray.



It has been found that the quickest and most effective cleaning is achieved with hot water at 50° C. and these units are designed to work at this temperature level. Complete cleaning of surgical instruments is achieved in 3-5 minutes and it is particularly impressive to see the amount of dirt or tissue removed from the jaws and hinges of artery forceps that have already been cleaned by hand scrubbing if these have not been in an ultrasonic washer before. No preliminary cleaning of instruments is necessary and no detergents are needed.

Syringe barrels and syringe needles, however, present a special problem, since they may have been rendered gummy with oily substances, and they require a longer cleaning time involving the use of detergents. In the case of the ultrasonic washer installed in the Central Sterile Supply Department a tank will be fitted to hold a solution containing detergents, and containers holding the syringe barrels and needles will be soaked in this solution before the ultrasonic cleaning and rinsing processes. However, the full working routine for this has not yet been finally settled as experiments are still continuing.

It must be emphasised that no special skill is required to operate the units and the only difficulty to be guarded against is that of switching the unit on without the tank containing the transducer boxes being filled with water. If the ultrasonic generator were, in fact, switched on with the tank empty the transducer boxes could be wrecked. The units designed for Guy's incorporate a safety device and the current can only be switched on when, in fact, the tank has been filled with water at the requisite temperature.

This ultrasonic cleaning equipment has taken two years to develop in a form that would overcome all the difficulties or objections that were found in the various prototypes that were first built. The models finally approved, five of which are to be installed in the new surgical block, will be marketed by Messrs. Allen and Hanburys Ltd., in association with Kerry's (Great Britain) Ltd., who provide and service the Mullard ultrasonic generating equipment.

I have previously referred to the possibility of the Ministry of Health giving approval to a linear accelerator being installed in the new surgical block and, in the interim, Ministry approval to this proposal has been received and it has been decided that the alternative method of housing this equipment, namely, excavating near the end of the west wing and creating an additional underground reinforced concrete room, should be accepted. The plans of this were prepared and submitted to the Radiological Protection Service and to the Ministry.

There was an exasperating matter which arose in connection with the Vickers type of machine which is to be installed: originally it was stated that the cooling should be carried out by water flowing from the mains. This entailed a wastage of approximately 3,000 gallons per day. With a view to economising in the consumption of water it was suggested that a water cooling plant should be installed while an alternative suggestion was the installation of two water storage tanks and circulating pumps. The original plans of the accommodation required did not provide space for either of these methods of cooling and, as experience with these machines elsewhere proved that a special cooling plant was the most efficient method of dealing with the problem, the plans for housing and providing services to the unit have had to be re-drawn with consequent delay and the linear accelerator accommodation will, therefore, not be completed until after the main building has been finished.

An account of the progress of the work on the building of the new surgical block has been given at the weekly site meetings and there have, almost from the inception, been reports of work being held up for different reasons. One of the major hold-ups occurred through the shortage of bricks and for weeks the emphasis was on chasing up supplies. As the structure was completed and the services were being installed, the emphasis changed to heating and ventilating, which seemed to be lagging behind the other trades. More latterly, the electrical installations became the "nigger in the woodpile", and finally it looked as though the laying of the terazzo flooring in the concourses on each floor was going to cause a serious delay although

this has been avoided. In this particular case, there seems to have been a miscalculation by the sub-contractors carrying out the work. I understand they had allowed two weeks per floor for grinding and polishing. The first floor to be completed took six weeks to finish. However, the sub-contractors altered their methods and completed the work to time. The dovetailing of one job into another is not, of course, the responsibility of the Hospital Authorities but I have realised on watching the work of the contractors, how complicated is the process of building a hospital and, if the hospital authorities in turn are holding up the contractors by not being able to give decisions on matters of policy, the whole position could become chaotic.

The further work progressed the more difficult the organisation became as more and more different "trades" moved into the building; electricians, plumbers, heating and ventilation engineers and engineers running oxygen pipe lines, etc., had to be kept out of one another's way while, at the same time, the builders had to make sure that these trades had completed their work in a given area before plasterers, tilers, painters and flooring contractors moved in. Although, from time to time, there have been small difficulties it is a tribute to the abilities of the main contractors and to the Hospital's Clerk of Works, Mr. Sharp, that these difficulties have been few and New Guy's House has been practically completed by contract date. Of all buildings a hospital is the most complex because of the multitude of services to be provided in all parts of the building.

When efforts are being made to control the costs of the new building reasons given for increased costs are found to be many and varied, but one particular instance is really either naive or predatory. An additional charge of £222 over a quotation of £200 was justified on the following grounds :—

By the extra experience we have gained in other projects we propose to charge £422 in place of the £200 quoted.

Our consultants stated that, as the original quotation had only been given to them verbally and as an estimate, the additional cost would have to be accepted. This is still being queried. One would assume that "the extra experience gained in other projects" could be inferred to mean that money lost elsewhere must be recouped here.

Another mix up of services was found at a late stage, when it was realised that in the patients' waiting area on the ground floor where there is to be a buffet, the rising main cold water supply intended for drinking purposes had been located so as to feed direct into the water boiler to be used for the brewing of tea and coffee, whereas the indirect water supply, *i.e.*, that coming through the storage tanks in the roof, had been routed to the sink for drinking water purposes. It is against the Metropolitan Water Board's regulations for a rising main supply to be fed direct into a heating appliance of this type, so the only solution to this particular difficulty was to take the indirect supply from the sink to the water boiler and the direct mains supply from the water boiler to the sink. I suppose, in a contract of this

magnitude, slips such as this are bound to occur but they are certainly aggravating, result in increased costs and spoil the appearance of the rooms where these last minute alterations have to be made as they involve the running of pipe lines on the surface instead of in ducts in the wall.

There are a number of these "errors" or "oversights" coming to light at this stage. A false ceiling had to be put in one of the rooms allocated as a Sister's sitting-room as changes in the use of rooms had led to the sitting-room being directly below lavatories on the floor above with a result that a large trap to the sewer pipe appeared below the ceiling of the sitting-room—it is still there but at any rate it can't be seen and "out of sight out of mind" seems a very appropriate expression in these circumstances.

Among the amenities that will be available to patients in the wards in New Guy's House are portable television sets with built-in aerials that can be put beside the beds of long stay cases. These are in addition to the television sets that will be located in the dayrooms. Fourteen of these portable sets have been presented to the Hospital by a donor who wishes to remain anonymous. Subsequently further sets have been received for the wards in Hunt's House. There will, therefore, be one for each ward and I am sure that many patients will be grateful to the donor for this help in relieving the tedium of a long stay in hospital. The four wireless programmes available to all patients through headphones or pillowphones have now been settled following an enquiry, the most popular programmes being B.B.C. Home, B.B.C. Light, B.B.C. Television and I.T.A. Television. Other substantial gifts include £4,300 to purchase new and additional equipment required in the Department of Cardiac Surgery and £500 to meet the cost of the decorative screen between the entrance to the Casualty Department and the waiting area.

The Guild of Ex-Patients have for some time been accumulating funds in order to provide amenities in New Guy's House. The more important gifts made or promised by the Guild include 14 mini pianos, one for use in each ward, the furnishings of the room to be used by visiting ministers of all religious denominations, the additional headphones and pillowphones required owing to the increase in the number of beds, and also a special wireless installation to permit the broadcasting of services from the Chapel. In addition a number of smaller items of ward furnishing such as flower vases and ash trays are being provided.

The Guy's Nurses' League are presenting a bronze bas-relief of the head of Thomas Guy and this will be let into the wall facing the entrance doors. On the wall at the other side of the entrance will be a mosaic reproduction of the Hospital's Coat of Arms.

At a meeting with the builders a discussion on the site works was taking place and I was asked when the large warehouse facing the Casualty Department would be vacated so they could proceed with the demolition. In the newspapers a few months ago it was stated that a firm of contractors had been demolishing a structure

called Jezreels' Tower which was erected many years ago by a religious sect and the story went that several firms of builders had been bankrupted in their efforts to demolish this tower. Our Architect, when he examined the thickness of the walls of the warehouse, commented that he hoped that unlike the builders engaged in the demolition of Jezreels' Tower the demolition of the warehouse would not bankrupt the builders of New Guy's House. Since the conversation took place unfortunately there has been a tragedy at the demolition of Jezreels' Tower, a man engaged on this work having been killed by falling masonry. The stories of bad luck associated with that structure, at any rate, have been justified. The principle difficulties associated with the demolition of the warehouse have been getting possession in order to demolish and, while demolition was in progress, putting up with the complaints about noise and dirt though, frankly, these were not as numerous as expected. Part of the site of the warehouse is being used to provide a turning circle for ambulances outside the entrance to the out-patient department and, with the gates now in position and Great Maze Pond closed to vehicular traffic, a relatively quiet cul-de-sac has been created between New Guy's House and Hunt's House.

During the last few months we have encountered one major difficulty which was, in fact, referred to in a leader in *The Times*, namely the possibility that there will be an inadequate number of lifts. This, however, is no fault of the Architects, Consulting Engineers or the Building Committee. When the plans were finalised over five years ago it was agreed to provide four passenger lifts, two bed lifts, two goods lifts and four electrically operated service lifts, these latter serving all wards and departments from central sterile supply. Two of these are "clean" lifts and two "dirty" lifts, the object being to keep separate "clean" and "dirty" medical supplies. A careful assessment of traffic needs was made in conjunction with Waygood Otis, the lift makers, and it was felt that the needs of the new building were adequately catered for by the above-mentioned provision. However, the calculations were all based on the "goods" lifts being used to take all non-medical supplies normally delivered daily, *e.g.*, linen, dispensary, dry goods, etc., to the various wards and departments, only heated food trolleys from the central kitchen to be transported in the passenger lifts. Less than twelve months ago a sub-committee of the professional staff concerned with the problems of cross infection recommended that this planned procedure should be changed, the goods lifts only to be used for the removal of refuse and used materials, *e.g.*, soiled linen. This change in the manner in which the building is to be serviced means that the goods lifts will only be used for an hour or so a day and a heavy additional load will be thrown on the passenger lifts.

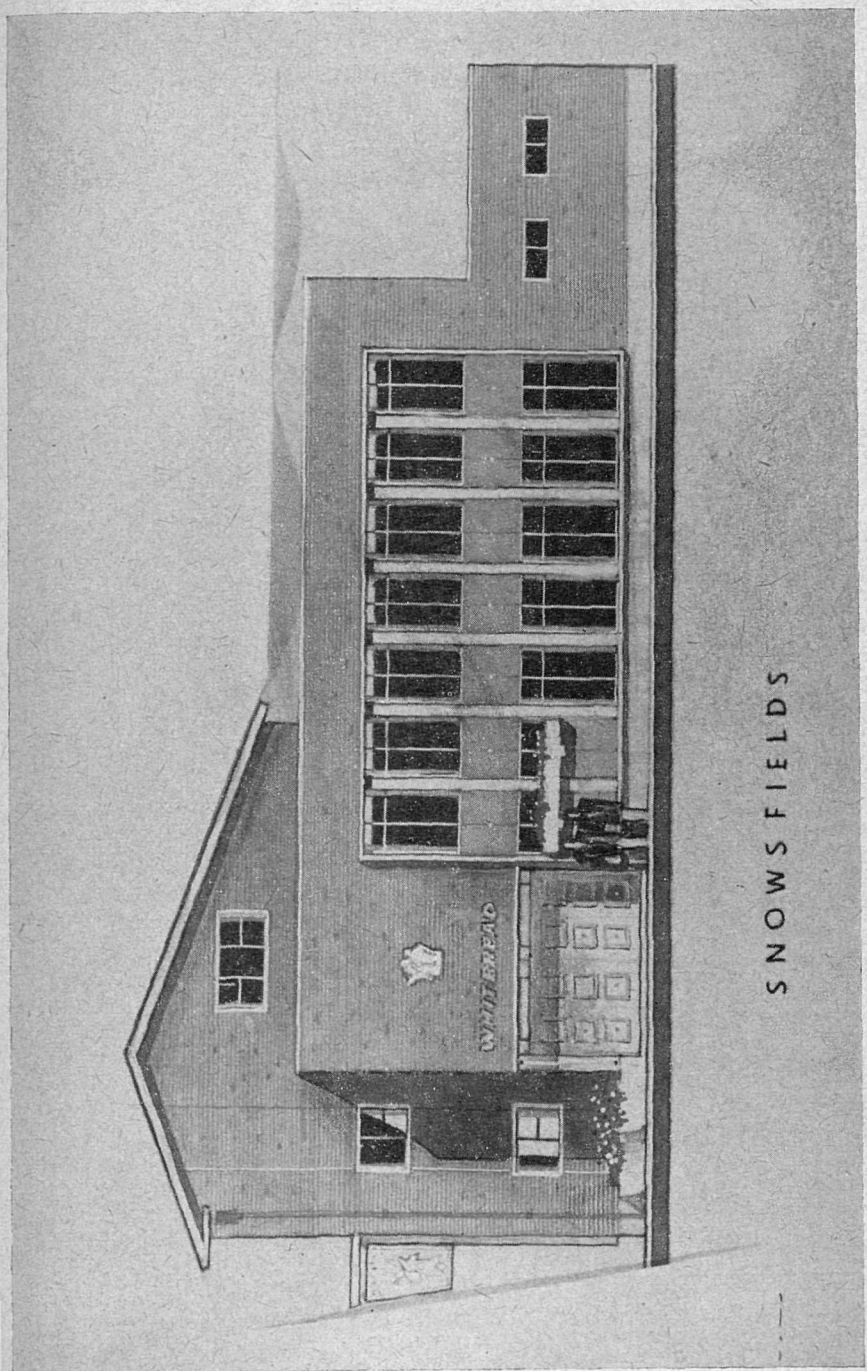
Until the building is in use we shall not know for certain if, in fact, the number of lifts provided is inadequate but if this should prove to be the case it will be due to a change of thought between completion of planning and bringing the building into use, not to an error in the design. This is a very good illustration of the truth of the statement often made that a hospital is out of date before it is

completed. However, this change was asked for when it was not too late to introduce one modification that might considerably reduce the problem. The ramp at the west end of the building is to be fitted with an hydraulic hoist to enable all stores to be more rapidly moved to the passenger lifts instead of supplies being taken into the building through both the east and west goods lifts. While this will not provide additional lifts to the wards it will enable more use to be made of the passenger lifts when their normal traffic is at its lowest ebb.

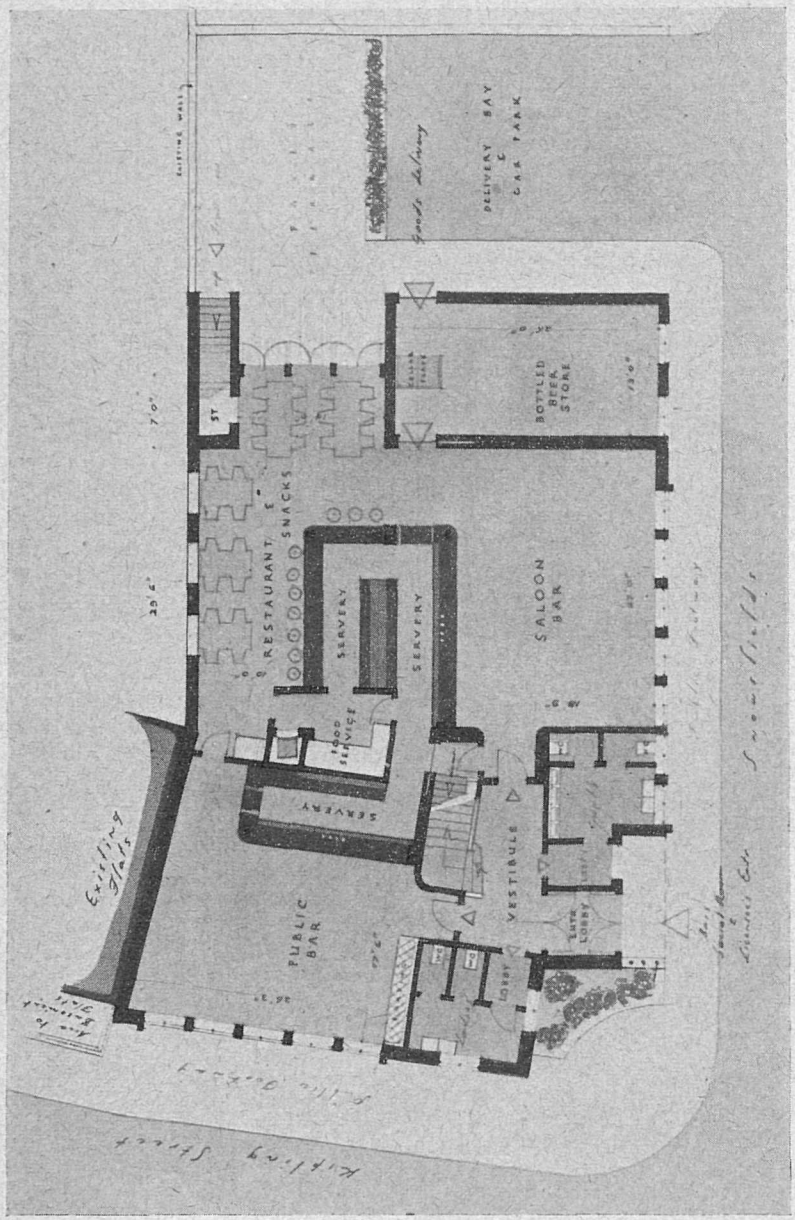
The position with regard to *The Miller of Mansfield* has been clarified a great deal these last few months. The owners, Messrs. Whitbreads, have now got approval to their plans for building a new *Miller* on the south side of Snowsfields on the site of the old cottages which are shortly to be demolished. When the building is finished the present *Miller* will be demolished and the site included in the grounds of the Hospital. There must be thousands of Guy's men and women who at one time or another in the past have visited *The Miller* and who will wonder what the new *Miller* will be like and, by kind permission of Messrs. Whitbreads, the drawing of the elevation of the new house and the plans of the layout of the ground floor are reproduced in this article. The layout has included on the first floor dining and club room facilities with a view to meeting the needs of students and staff and the requirements of clubs, "going off dinners", etc.

The only other major development in providing for the future expansion of the Hospital is the purchase by the Endowment Fund of the extensive premises 70-72 Weston Street which occupy a site of approximately 10,000 sq. ft. This is in every sense an investment for posterity as there are no plans or proposals needing this site which are envisaged at the present time. However, one thing is certain, land in the area being at a premium it is essential to buy now for the future and this land has been earmarked for hospital purposes. One of the conditions attached to the sale of the freehold to the Hospital is that the Governors should grant to the vendors a lease of the property for 21 years.

This is the sixth instalment of my account of the trials and tribulations encountered in building New Guy's House and, so far as "building" is concerned, it completes the story. The work of the various committees, Governors and Staff alike is almost complete (except of course for reckoning up the bill) and the building has been promised to the Hospital Authorities by the contractors before the end of this year. A further six to eight weeks are needed to take into the new building the tens of thousands of items of new furniture and equipment. These are so numerous, varied and, in some cases, bulky that it surprised me to realise that if hopeless confusion over delivery and distribution were not to ensue, a period of this length was needed to "stagger" delivery dates, unpack and check the incoming goods. It will, therefore, be 1961 when the first wards in old Guy's House cease to admit patients and a week or ten days later the patients remaining in these wards will be transferred to others to complete their treatment before discharge. The staff of the wards so evacuated



The New Miller



Ground floor plan of new Miller

will then start to pack up, the "removal men", *i.e.*, works department, will move in and the transfer to the new building will have begun.

There is one alteration in the list of ward names to the list originally adopted, namely, the deletion of "Lazarus" and the reinstatement of "Christopher". This has been done because when the first list was prepared and the name of Christopher deleted, through an unfortunate error, the fact that Christopher Ward was so named in commemoration of a gift of over £30,000 from the staff of the Bank of England was overlooked. It was fortunate that the oversight was discovered in time to permit of correction.

Just before the present ward equipment is transferred to the new building the Sister-in-charge will take over her new ward and will have handed to her the new furniture and supplies already stored there. Administrative organisation stops at this point, the Sister being left to decide where and how she stores her supplies within the space provided.

The Board of Governors decided some time ago that about the time the building was finished, but before it was put into use, there should be an "Open Day" to give the staff of the Hospital and many others concerned with the planning or interested in the Hospital, an opportunity of looking round freely. This obviously could not be done when the operating theatre suite for example was in use. The date fixed in conjunction with Messrs. Y. J. Lovell, the main contractors, is Saturday, the 29th October next, when the building will be open from 2.30 p.m. to 4.30 p.m. It is quite possible that it will not be entirely finished by this date but work should be so far advanced that only some "finishing" and the moving in of furniture will remain to be done and it will certainly be possible to envisage what New Guy's House will be like when in use.

Having written six articles on the work of planning and building the new surgical block and, on occasion, having referred at some length and in detail to various proposals, decisions taken and the reasons therefore; I hope, after the building has been put to its designed use, to find out how the plans work out in practice and to report the comments and criticisms I receive on what has been provided. This I intend to do if at all possible: criticism there will doubtless be—nothing is perfect and, therefore, having said that this completes the articles on "Rebuilding" I must add that I hope to write a seventh which might properly be entitled "Post Mortem" or "What we have done that we don't recommend others to do". If possible I will include in this article a comparison of our estimated and tender costs with the actual expenditure incurred. Finally, after the "Post Mortem" it may be possible to continue this series of articles by outlining the plans now taking shape for the further developments of the Hospital both on the present site and on the rebuilding site east of Great Maze Pond (that is, of course, the Editor of the *Gazette* permitting). When such plans will materialise in concrete form I cannot guess but Guy's has one great advantage over many of its rivals, namely, it has the site vacant and in hand, the real needs are "approvals" and money and it is difficult to know which is the hardest to obtain.

CORRESPONDENCE

Letters to the Editor of the Gazette

Mr. G. E. Gartside's Retirement

SIR,—A number of the staff, learning that Mr. G. E. Gartside, the Cashier in the Hospital's branch of the National Provincial Bank Limited for the past 17 years, is retiring on the 29th October, have given me donations with the object of making a presentation to him in recognition of the service he has so freely given to the Hospital and its staff.

It may be that some of the staff who have been helped by Mr. Gartside in the past are unaware of his impending retirement, and may wish to be associated with the presentation. In this event, I shall be glad to receive any contributions they may care to send to me.

Yours etc.,

B. LEES READ,

Clerk to the Governors.

Counting House,
Guy's Hospital, S.E.1.

W.G.G.L.B.W. ?

SIR,—I thought the following might interest you. When I was at Guy's I played cricket for them and also for the "United Hospitals". I remember so well we were playing "London County" and W. G. Grace was playing, and as it happened he batted first and I bowled first, my first ball he completely missed and it wasn't far from his wicket and because he missed it he told the umpire (Harris by name) to stand to one side as he couldn't see my arm—(I bowled round the wicket). Harris refused ! Said he couldn't see if W. G. was out leg before or not. After talking for a little he said to Harris "Then stand at the back of the bowler". All this happened 57 or 58 years ago. I wonder whether I am the last of the little contingent of that period. Believe me.

Yours etc.,

STANLEY PIPER,

97, Harley Street, W.1.

Errors in charting completed work under the National Health Service

SIR, With your courtesy may I remind colleagues who have successfully run the gauntlet of the Dental Finals and who will soon enter the vigour of the National Health Service, the insidious ease with which accidentally incurred errors may creep into ones charting of completed work as inscribed on the E.C. 17 form, with substantial errors in claims submitted for payment to the Dental Estimates Board.

Particularly where one is thrown, rather green in the intricacies of the N.H. Service, into a busy, highly groved National Health practice, where the incidence of caries appears stupendous in comparison with that seen in the Conservation Room, where the half-hourly appointment bell rings with an apparent continuity and the presence of casuals awaiting emergency treatment "heaps coals" on the harrassed operator, is the danger greatest.

Come what may, cultivate of necessity, the regime of inscribing in one's "own hand" the work immediately completed in the E.C. 25 (Dental Record Chart—"Brown One") not forgetting to ink in on the chart. Avoid lending oneself to the necessity of relying on one's memory when the patient has left, for the magnitude of the error in letters is analagous with whether its "ss," or "cc", *i.e.*, MO or MOD, etc., but the magnitude of the monetary error is serious.

Insist on being presented with both the E.C. 25 (the Brown Coloured Record

Chart) and the E.C. 17 (the form sent to the Estimates Board) at each appointment, for it is common practice to be presented with the latter solely at the completion of the plan of treatment and, not uncommonly when the patient has left the surgery, frequently at the end of the working day. For though theoretically the E.C. 17 could be made available with the minimum of time wasted, in practice, I found that this was not so; dental nurses, even the efficient, object "chasing" through a filing system on more than the odd occasion; thus the benefit of a double check, at any stage of the treatment plan is denied. Moreover it is proven physiologically that a direct check of the completed work against numerical cryptics, namely for *e.g.*, $\frac{(4) \mid \diagup 5 \diagdown}{6 \mid 7\ (7)}$ as required to be recorded on the E.C. 17, is less liable to error than checked against "long-hand" details as inscribed on the E.C.25.

Finally count your fillings and tally against the number recorded on the E.C.17.

Critics not engaged wholly within the N.H. Scheme will advance negligence for such errors but one is amazed, in common with many other colleagues, how very easily such errors arise.

It is difficult for Executive Council's to appreciate their source, knuckles are rapped and "humble pie must be humbly eaten."

I trust this epistle will reveal the pitfalls and reinforce surveillance

Yours etc,

IKE EVANS.

Ty-Gwyn,
Lew Road, Porthcawl.

REVIEWS

Biological and Medical Electronics. By R. W. STACY. 308 pages. McGraw-Hill, 1960. *Price* 74*s*.

The author, who is Associate Professor of Biophysics at the Ohio State University, explains in an entertaining and hard-hitting preface that he is fighting a campaign to persuade medical educators that more science (not less, as he claims is the present trend), should be taught to medical students. A scientific approach requires that conclusions, both experimental and diagnostic, should be based upon accurate quantitative data, which are collected by means of instruments. Thus one of the first steps in his campaign has been the inauguration of a course in instrumentation for biologists and medical students, and the writing of this book based on the course. It is avowedly an introduction, not intended to carry he student to the stage where he can design his own equipment. The title is somewhat misleading, since instrumentation in general is covered rather than electronics in particular.

The book is well produced, with numerous clear diagrams. It commences with chapters on the general principles of instrumentation and the theory of measurement, and continues with the fundamentals of electricity and vacuum tubes, transducers (a particularly useful section) and recorders. This leads to a chapter on complete instrumentation schemes and interesting examples are given of applications to neurophysiology, cardiography, and circulation studies. The book ends with chapters on "trouble-shooting", transistors and computers.

This is a logical approach suitable for students who already have some knowledge of physics. Furthermore, although the author claims to have used no mathematics beyond "simple algebraic statements", a considerable knowledge of differential equations, trigonometry and exponentials is in fact assumed. For these reasons the book is not recommended for the elementary level, but could be read with profit by the more advanced students at the end of their first M.B. year.

Those who are using instruments in research or clinical practise will find here a clear and readable exposition of the principles of instrumentation.

A.N.

A Synopsis of Fevers. By J. H. LAWSON. Lloyd Luke. 184 pp. *Price* 10*s.*

This well know and popular book appears in its 10th edition with a semi-stiff linen cover, in a convenient size, and most important of all at a price the undergraduate can afford.

In spite of the bargain price, the quality is high and it appears strong enough to withstand being crammed into a pocket and repeated journeys to Hither Green. The contents have been brought into line with the changing importance of various diseases, so that the book provides nearly everything that the student wishes to know of fevers. Whilst prophylaxis and immunization are comprehensively dealt with under each disease, a final summary of a recommended programme of immunization for a child in Britain would be helpful.

This book is a most useful adjunct to the Fevers Course.

S.M.

The Bachelor's Baby. By DAVENPORT. Pan Books Ltd.

One of the dangers of being a bachelor in business is that ones secretary gets ideas. Yet seemingly there is no safety even if she is married (especially, or in this case to a young Houseman who, for obvious reasons, is seldom at home), for sometime she must have a baby—and then what ? This is the position of Mr. Custer who has reached a grade III stage of American manhood: no woman, no property, no prospects, no money. This last hurts. First of all he tries to bluff his way out. "Maybe he thought hopefully, if they paid no attention to the baby it would go away."

Corny stuff with a fair amount of crackle all the way through. The sort that would give Mr. K. a chance to squint ghastingly at the Capitalists. But if the thought of wood pulp and algae for dinner or babies mixed up with the in-tray makes you laugh, this is your book. Maybe you ought to emigrate too.

N.M.C.

SPORT

RUGBY PROSPECTS FOR 1960/61

With pre-season training now well under way and the first match at hand, Guy's Rugby XV looks forward to a successful season. Unfortunately for the Club, Barry Blackwell, last year's captain and one of the finest forwards to have played for Guy's during recent years, has decided to devote his time exclusively to work and is no longer available for selection. Thankfully, however, the team is still able to call on the strength and experience of Stan Cooke, and it is hoped that his colleague in the Anatomy Department, Derek Richards, will have as successful a come-back as we all hope for. A further stimulus to the Club is the presence in the Hospital of Derrick Morgan, England's back forward, who is on an exchange visit for a month from Newcastle. It is hoped that he will be able to fit in at least two appearances for Guy's before his return north.

With a pack of forwards that will have more weight to it than is usually possible for a hospital to muster, and a back division that is youthful yet strong, the team should be well balanced. Another welcome feature this year is the stern competition that exists for so many places in the 1st XV. The stimulating effect of this will, we hope, be transmitted to the junior teams and should be an incentive for even more determined training. With respect to mid-week training, it is thought worthwhile to reiterate the plea of succeeding years that no new clinics or Out-Patients be arranged for Wednesday afternoon. The present number provides enough of an obstacle towards gathering a full turn-out on this, the only afternoon that can really be used for team practice.

T.A.H.E.

FIXTURE LIST FOR 1ST XV TILL CHRISTMAS, 1960

Date		*Ground*	*Opponents*
Sept.	24	Blackheath	BLACKHEATH.
Oct.	1	H.O.P.	UNITED SERVICE PORTSMOUTH.
	8	Cambridge	CAMBRIDGE UNIVERSITY.
	5	Bedford	BEDFORD.
	22	H.O.P.	CHELTENHAM.
	29	Sudbury	WASPS.
Nov.	5	H.O.P.	OLD BLUES.
	12	Croydon	OLD WHITGIFTIANS.
	19	Roehampton	ROSSLYN PARK.
	23	H.O.P.	LONDON UNIVERSITY.
	26	Aberavon	ABERAVON.
Dec.	3	H.O.P.	COVENTRY.
	10	H.O.P.	OLD CRANLEIGHANS.
	10	H.O.P.	STREATHAM.

United Hospitals' Rugby Football Challenge Cup. 1st Round Draw :—
Guy's v. Westminster, Thursday, 12th January, Richmond Ground.

HOSPITAL INFORMATION

UNIVERSITY OF LONDON

Examiners for 1961

Anatomy, B.Sc. (Special). R. S. Warwick.

M.D.S. Part I. M. A. Rushton.

Veterinary Pre-Clinical Examination Part I, Physics. C. B. Allsopp.

2nd M.B., Pharmacology. J. M. Robson.

2nd B.D.S., Anatomy (General). R. S. Warwick.

3rd B.D.S.

Medicine. J. C. Houston (Chairman).

Surgery. S. H. Wass.

Pathology and Bacteriology. S. J. de Navasquez (Chairman).

Dental Surgery (including Special Pathology) W. E. Herbert.

Orthodontics. R. E. Rix (Chairman).

Human Biology B.Sc. (General) Part II. R. S. Warwick.

1st M.B., Physics. G. Stead.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Junior Medical Registrar** with duties to commence as soon as possible after 1st October, 1960.

Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital London Bridge, S.E.1, not later than **1st October, 1960.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st December, 1960. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **15th October** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill S.E.5.

GUY'S HOSPITAL JUNIOR STAFF APPOINTMENTS

The following appointments and reappointments have been made by the Board of Governors for the period commencing 1st October, 1960.

WHOLE TIME APPOINTMENTS

MEDICAL

Medical Registrars

Dr. J. D. Williams
Dr. M. H. Lessof
Dr. D. A. F. McGill
Dr. I. E. Evans
Dr. D. A. Lillicrap

Junior Medical Registrars

Dr. G. M. Davies
Dr. R. K. Knight
Dr. J. A. P. Trafford

Surgical Registrars

Mr. J. C. Gazet
Mr. R. G. Beard
Mr. N. H. Porter
Mr. P. S. Boulter
Mr. A. W. R. Williamson

Registrars in Throat and Ear Department

Mr. C. A. Holborow
Miss D. Birch

Obstetric Registrars

Mr. G. L. S. Rankin
Mr. A. S. F. Butcher
Mr. P. J. Dwyer

Registrars in Department of Clinical Pathology

Dr. D. N. Whitmore
Dr. P. D. Griffiths
Dr. R. D. Barnes
Dr. B. West (Miss)
Dr. P. O'Gorman

Registrars in the Orthopaedic Department

Mr. F. J. Moynihan
Mr. B. H. Brock
Mr. W. A. Crabbe

Registrar in Haematology

Dr. D. S. Carmichael

Registrars in the Department of Physical Medicine

Dr. J. B. Morrison
Dr. G. Holden
Dr. P. J. C. Barry

Registrars in the Department of Psychological Medicine

Dr. C. P. B. Brook
Dr. K. Loucas
Dr. M. H. de Groot
Dr. S. Gold
Dr. B. M. Groden

Registrars in the Department of Anaesthetics

Dr. S. S. Barker
Dr. C. Bishop
Dr. B. R. P. Murray
Dr. M. W. Potts

Registrar in the Department of Dermatology

Dr. A. Maguire (Miss)

Registrars in the Diagnostic X-Ray Department

Dr. J. A. K. Meikle
Dr. F. L. Cole

Registrar in the Genito-Urinary Department

Mr. F. G. Ellis

Registrars in Department of Neurology

Dr. F. G. Campbell
Dr. G. Preswick

Registrars in Paediatric Department

Dr. P. F. Benson

Registrars in Thoracic Surgery

Mr. D. G. Taylor
Mr. R. I. Lindfield

Registrars in Radiotherapy Department

Dr. P. A. Ridge (Miss)
Dr. P. F. Wale

ALLOCATION OF MEDICAL AND SURGICAL REGISTRARS 1960/61

To take effect as from 1st October, 1960.

MEDICAL REGISTRARS

Dr. Douthwaite, Dr. Baker and Dr. Joiner	Dr. I. E. Evans
Dr. Boland and Dr. Houston	Dr. D. Lillicrap
Dr. Mann and Dr. Kauntze	Dr. D. A. F. McGill
Dr. Hardwick and Dr. MacLean	Dr. M. H. Lessof

JUNIOR MEDICAL REGISTRARS

Dr. Douthwaite, Dr. Baker and Dr. Joiner	Dr. R. K. Knight
Dr. Boland and Dr. Houston	Dr. G. M. Davies
Dr. Hardwick and Dr. MacLean	Dr. J. A. P. Trafford

SURGICAL REGISTRARS

Mr. Massie and Mr. Blackburn	Mr. J. C. Gazet
Mr. Eckhoff and Mr. Glover	Mr. A. W. R. Williamson
Mr. Atkins and Mr. Lawrie	Mr. N. H. Porter
Mr. Wass and Mr. Brain	Mr. P. S. Boulter

MEDICAL REGISTRARS AND JUNIOR MEDICAL REGISTRARS WITH DUTIES IN SPECIAL DEPARTMENTS

CARDIAC CLINICS

Dr. Baker	Dr. I. E. Evans Dr. G. M. Davies
Dr. Kauntze	Dr. D. A. F. McGill

ENDOCRINE CLINIC	Dr. D. A. Lillicrap
CHEST CLINIC	Dr. G. W. Scott Dr. M. H. Lessof
ASTHMA CLINIC	Dr. D. A. Lillicrap Dr. J. A. P. Trafford
DIABETIC CLINIC	Dr. M. H. Lessof Dr. R. K. Knight

OUT-PATIENTS

Dr. Joiner	Dr. R. K. Knight Dr. G. M. Davies

PART-TIME APPOINTMENTS

Registrars in Ophthalmic Department

Mr. P. H. N. Matthews
Mr. C. M. Ruben
Mr. H. P. B. Whitty

Registrar in Department of Dermatology

Dr. K. C. Lee

Clinical Assistant in V.D. Department

Vacant

DENTAL

PART-TIME APPOINTMENTS

Assistants to the Visiting Dental Surgeons

Mr. R. C. Bret-Day
Mr. E. McK. Sycamore

Registrars in Minor Oral Surgery

Mr. J. N. James
Mr. G. F. Thompson

Registrars in Casualty Department

Mr. P. H. N. Davis
Mr. M. A. Gillon
Miss B. A. Jennings

Registrars in Department of Preventive Dentistry

Mr. J. Metcalf
Mr. T. B. Dowell
Mr. J. O. Forrest
Mr. C. W. V. Bullock

Dental Officer to Salomons Centre

Mr. G. S. Loader

Staff Dental Officer

Mr. D. R. Whittington

Registrars in Dental Department for Children

Mr. G. A. Kerr
Mr. P. M. Benzies
Mr. H. D. A. Hope

Orthodontic Assistants

Mr. D. M. Carpenter
Mr. J. J. Hall

Registrars in Department of Dental Prosthetics

Miss J. Elliott
Mr. R. B. Johns
Mr. C. J. Lambert
Mr. E. E. Silcock
Mr. P. B. Morris
Mr. R. J. Wheatley

Registrar in Dental X-Ray Department

Miss B. A. Jennings

Registrars in Department of Conservative Dental Surgery

Mr. P. Ayling
Mr. J. E. Cardwell
Mr. D. London
Mr. R. F. King
Mr. W. C. McLachlan
Mr. S. J. Lubbock
Mrs. P. Wilson
Mr. I. A. Stuart
Mr. L. M. Gaunt
Mr. F. M. Lind

PASS LIST

THE STATE OF WISCONSIN

Doctor of Medicine

V. H. Bartley

NURSING NEWS

Entered :

Sister Gillings to *York Clinic.*
Sister M. Phillips to *Theatres.*
Staff Midwife Yule to *Nuffield D.*
Staff Midwife Okuboyejo to *Victoria.*
Staff Nurse M. Butterworth to *York Clinic.*
Staff Nurse R. Calver to *Evelina.*
Male Nurse Mr. F. Henderson to *York Clinic.*

Left :

Sister Colthorpe from *Evelina.*
Sister Everitt from *York Clinic.*
Sister D. Mitchell from *School of Nursing.*
Staff Nurse A. Hanvey from *Diplock.*
Staff Nurse A. Tredre from *Front Surgery.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Acheson, R. M. Observer Error and Variation in the Interpretation of Electrocardiograms in an Epidemiological Study of Coronary Heart Disease. *Brit. J. prev. soc. Med.*, 1960, **14**, 99.

Acheson, R. M. Mortality from Cerebrovascular Accidents and Hypertension in the Republic of Ireland. *Brit. J. prev. soc. Med.*, 1960, **14**, 139.

Ackner, Brian and others. The Prognostic Significance of Depersonalization in Depressive Illnesses Treated with Electroconvulsive Therapy. *J. Neurol. Neurosurg. Psychiat.*, 1960, **23**, 242.

Armin, J., Grant, R. T. and Wright, P. H. Acute Insulin Deficiency provoked by Single Injections of Anti-insulin Serum. *J. Physiol.*, 1960, **153**, 131.

Armin, J., Grant, R. T. and Wright, G. H. Experimental Diabetes in Rats produced by Parenteral Administration of Anti-insulin Serum. *J. Physiol.*, 1960, **15**–, 146.

Atkins, Hedley. A Comparison of Adrenalectomy and Oophorectomy with Hypophysectomy in the Treatment of Advanced Cancer of the Breast. *Proc. R. Soc. Med.*, 1960, **53**, 638.

Bass, B. H. Nitrogen Mustard Therapy *Nurs. Mirror*, 1960, **110**, 1827.

Bingay, J. V. The Training School for Dental Auxiliaries. *Brit. dent. J.*, 1960, **109**, 178.

Clarke, C. A. and another. The Genetics of *Papilio Dardanus*, Brown. II Races *Dardanus*, Polytrophus, Meseres and Tibullus. *Genetics*, 1960, **45**, 439.

Davis, R. H. Fourman, Paul and another. Calcium Deprivation in Hypoparathyroidism. *Lancet*, 1960, ii, 510.

Dixon, H. G. and others. Sickle-cell Disease in Pregnancy. *Lancet*, 1960, ii, 516.

Douthwaite, A. H. and Trafford, J. A. P. A New Synthetic Penicillin. *Brit. med. J.*, 1960, ii, 687.

Ellis, F. G. The Natural History of Achaslasia of the Cardia. *Proc. R. Soc. Med.*, 1960, **53**, 663.

Falconer, Murray, A. The Relative Values of Surgical Hypophysectomy and of Bilateral Adrenalectomy with Oophorectomy in the Treatment of Metastatic Breast Cancer. *Proc. R. Soc. Med.*, 1960, **53**, 637.

Fulford, G. E. The Prevention of Tetanus. *Lancet*, 1960, i, 1121.

Hamilton, J. G. A Case of Dermal Sinus of the Nose with Frontal Suppuration. *J. Neurol. Neurosurg. Psychiat.*, 1960, **23**, 239.

Irving, J. T. The Effect of Papain on the Staining Properties of Bone and Teeth. *Arch. oral. Biol.*, 1960, **2**, 241.

Kennedy, G. C. The Chlorothiazide Diuretics and the Renal Handling of Water. *Proc. R. Soc. Med.*, 1960, **53**, 589.

Kesson, C. W. and others. Report on Clinical Use of BRL 1241 in Children with Staphylococcal and Streptococcal Infections. *Brit. med. J.*, 1960, ii, 703.

Knox, R. A New Penicillin (BRL 1241) Active Against Penicillin-resistant Styphylococci. *Brit. med. J.*, 1960, ii, 690.

Longmore, D. B. A Portable Artificial Kidney. *Lancet*, 1960, ii, 527.

Mahler, R. F. Chemistry of Hypoglycaemic Substances other than Insulin. *Brit. med. Bull.*, 1960, **16**, 250.

Morrant, G. A. and another. The Development and Application of Modern Methods. *Brit. dent. J.*, 1960, **109**, 155.

Moynahan, E. J. and another. Hereditary Haemorrhagic Telangiectasia. A Study of a Family with Six Children. *Brit. J. Derm.*, 1960, **72**, 312.

Pickard, Brian. A Suction Tube for Use During Tonsillectomy and Adenoidectomy. *Lancet*, 1960, ii, 583.

Robson, J. M., Smith, J. T. and Thomas, C. G. A. Multiplication of *Mycobacterium Tuberculosis* in the Cornea and its Modification by Immunity and by Isoniazid. *Amer. Rev. resp. Dis.*, 1960, **82**, 195.

Simpson, Keith. La Strangulation: Meutre ou Suicide ? *Int. Criminal Police Rev.*, 1960, **138**, 137.

Simpson, Keith. The Detection of Accidental Domestic Gas Poisoning. *Police J.*, 1960, **33**, 90.

Walther, D. P. Some of the Causes and Effects of Malocclusion. *Dent. Practit.*, 1960, **10**, 139.

Wright, P. H. Insulin Antibodies. *Brit. med. Bull.*, 1960, **16**, 219.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.
Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

REQUIRED

DECEMBER. Assistant in busy conservative Dental Practice. East Sussex town near coast. Eventual succession if desired. High remuneration. Full chairside and secretarial assistance. Also part time Assistant required immediately. Box No. 235.

A. H. STOCKER requires an assistant for his group Dental Practice at Harlow, Essex. Definite prospect of partnership or could rent accommodation if preferred. Write to Keats House, Bush Fair, Harlow.

FOR SALE

YACHTING MONTHLY SENIOR, Sail No. 11, six years old, in excellent condition, stored under cover in winter. Complete with outboard trailer, etc. Lying Chichester. £300. Write Box No. 237.

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage, Packing 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager *Gazette* Office, 16, St. Thomas's Street, S.E.1.

BINDING. Have your *Gazettes* Bound 10/6*d.* per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

P. J. Gladders, M.B., B.S., 145, Swindon Road, Wroughton, Wilts.

Ian McColl, 14, Lansdown Road, Sidcup, Kent.

J. V. Parson, M.B., B.S., 1415, Avoneynn Crescent, N. Vancouver, B.C. Canada.

ADOPTION

CALLUM.—By Fay (née Cottrell), S.R.N., and Bill Callum, M.B., B.Chir., of 268, Shipbourne Road, Tonbridge, Kent, a son (Mark), born 18th July, 1960.

BIRTHS

GAIN.—On 14th August, 1960, at R.A.F. Hospital, Wegberg, B.F.P.O. 40, to Edna (née Morris), and F/Lt. Robin Gain, M.B., B.S., a son (Andrew Stuart), a brother for Richard.

GLAZEBROOK.—On 9th September, 1960, at the Western General Hospital, Edinburgh, to Marion and George A. Glazebrook, M.B., B.S., a daughter (Victoria Marion Constance Alice).

WILSON.—On 19th August, 1960, at the County Hospital, Hereford, to Irene (née Wallace), S.R.N., and Derek Wilson, M.B., B.S., a daughter (Louise Jane).

MARRIAGES

JAMES—SELLICKS.—On 17th September, 1960, at Wycliffe Congregational Church, Evington, Leicester, Paul Worsley James, M.B., B.S., to Margaret Gilliam Sellicks, S.R.N.

LLOYD JONES—HARRISON BLOOM.—On 23rd April, 1960, at the Parish Church Beaconsfield, Kenneth Lloyd Jones, M.B., B.Chir., to Rosalie Harrison-Bloom, M.B., B.S.

McCOLL—McNAIR.—On 27th August, 1960, at St. Peter's Church, Vere Street, London, Ian McColl to Jean Lennon McNair.

ZAYID—HERBERT.—On 20th August, 1960, in London, Ismail Zayid, M.B., B.S., to Greta Herbert, S.R.N.

EDS. { D.N.L. / S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1884 *8th October* 1960 *One Shilling*

PASSIM

IT is, as usual at this time of the year, our great pleasure to be able to welcome to Guy's the new Medical and Dental Students at the start of their academic year. They will undoubtedly enjoy their stay, and that they will profit from it is certain; it is equally certain that we shall gain from their participation in our society. We hope that they will be able to avail themselves of all it has to offer from their earliest days at Guy's, and offer them our sincere good wishes for the future.

We join the rest of Guy's in congratulating Professor Polani upon his appointment to the Prince Philip Chair of Paediatric Research, and wish him and his unit great success.

He allowed us to ask him about his plans, and an account of them will appear in our next issue. We were particularly interested in his hope to encourage more Guy's students into research work. The training at Guy's usually produces technically competent doctors and dentists; it must aim to produce a man who has the ability to change his methods with the times, who keeps up with modern developments, and who is prepared in the light of new findings to reject any dogmatic teaching of his student days. These are difficult tasks, and that of interesting students in research cannot be a first priority.

At present, most Guy's students qualify without experience or knowledge of research. They know nothing of the joy or the tedium of the work, and few even consider it as a career. Professor Polani promises to provide facilities, guidance and even suggestions for research projects for any students who would like them. This is the type of service which Professor Butterfield has been providing in recent years, limited though he has been by lack of space, and we are glad that in future there will be still more opportunity for giving students an insight into research during their training.

Publicity has its disadvantages. The response to the publicity given to the New Guy's House Open Day exceeds all expectations. We hear that the Counting House is besieged with requests to view the new building. Whatever additional arrangements are made, Mr. Lees Read assures us that students will not be forgotten, and that a date will be announced shortly when the building will be open to inspection by students.

Last week's victory against United Services Portsmouth augurs well for the Rugby Club. They are achieving success also as individuals. Derek Biggs gains his first county cap this week, joining Stan Cooke in the Kent team to play Eastern Counties. Meanwhile last year's captain Barry Blackwell, who succeeded in retiring from Rugby for approximately 28 days before realising that he did enjoy the game after all, has made a triumphant return to the Surrey side as well as to Hospital Rugger.

Professor Fenn ended 25 years continuous service to Guy's as Director of the Dental Prosthetics Department with a memorable finale last week when his crowded audience included many former pupils and colleagues. An appreciation will appear in the next issue. Meanwhile we wish him and his wife happiness in retirement.

The Students Club begins the academic year with a smart new mural. The mural takes up the whole of one wall of the downstairs bar. It is obvious even to the archeologically ignorant that it owes much of its inspiration to ancient Egyptian friezes, and it is also obvious to the archeologically ignorant that it owes slightly more to the Hospital Consultant Staff.

As a decoration it should please most people and as a contemporary tableau it will please many more. It is reported that when the Dean saw it he grinned and, with a true Nelson touch, turned his monocled eye upon the section which depicts a stately Pharaoh wearing a black monocle.

A letter has been received from a second year student who makes two suggestions for this issue. The first, that we publish a map of the Guy's underground as a guide to Freshmen, seemed brilliant until we tried to draw one. The result was more terrifying than any entombment could ever be. All we will say is 'good luck' and if you have it you will find yourself in the Nurses' Swimming Pool rather than beneath a lethal dose of Cobalt radiation.

The second request was that we publish "How the Hospital letter system, internal and external works" . . . We are stunned: how do we respond ? . . . Like all the best questions it's not quite original. What are we to do ? Are we expected to sponsor a competition to find out, with all entries submitted "on a postcard please addressed to the Work's Department, The Colonnade Letter Rack, Guy's Hospital" ? After consideration, though we realise we are probably having our leg pulled, we now describe in all seriousness and with phenomenal restraint, an account of the letter system :—

Letters to students should be addressed c/o Front Lodge, Guy's Hospital, London, S.E.1. They will appear behind the glass of the Lodge in the Colonnade, and the Porters will hand them out on request. There is not much room there, so that for obvious reason it is preferable to have letters sent to a home address or to digs.

The rack with the sliding glass shutters is used for internal official and unofficial notes. The racks are set in alphabetical order, but the

volume of correspondence is such that communications frequently go astray. The Works Department are reported to have the matter in hand, and can be expected to produce a workable system in the near future.

Communications for Housemen and Registrars are best given to the porter in the College Lodge, whilst letters to Physiotherapists can be left in the rack in the entrance hall of the Physiotherapy department. Finally, and most important, letters to nurses are delivered speedily if given to the lady in the small office opposite the Front Lodge.

GUY'S DIARY

OCTOBER			Exhibition. *Haematemesis.*
10th	M	1.00	Dr. Gunther of the Obstetric Dept. U.C.H. Clinical Lecture.
14th	F	1.00	Mr. Brain. Clinical Lecture.
17th	M	1.00	Dr. Hall. Clinical Lecture.
18th	T	1.00	Dr. Baker. Clinical Lecture.
20th	Th	1.00	Professor Polani. Clinical Lecture. *About Mongolism.*
22nd	S	10.00	Clinico-Pathological Meeting in the Clinical Theatre.
25th	T	1.00	Mr. Blackburn. Clinical Lecture. *Carcinoma of the Stomach.*

OBITUARY

FRANCIS JAMES WHEELER, M.R.C.S., L.R.C.P.,

Guy's, London, 1909

Born, 15th July, 1877, Chertsey, Surrey. Died, 16th June, 1960, Southport, Lancs.

Elected F.F.(Hons.), 1947. Fellow of the Royal Society of Medicine. Held successively posts as House Surgeon at East London Hospital for Children at Shadwell, and then London Homoeopathic Hospital. He commenced practice in Southport and Manchester in 1910, and remained in practice in Southport until his death, except for four years during the first World War, when he was on active service with the R.A.M.C., until invalided home, and put in charge of the Cottage Hospital, Southport, then being used as a Military Hospital. While on active service he took part in the Dardanelles campaign, and the evacuation of Gallipoli, later going to Egypt and France.

While at Guy's he wrote "Some Observations on Primary Carcinoma of the Liver" which was published in *Guy's Hospital Reports* in 1909.

With Dr. J. H. Clarke he was joint editor of Richard Hoehl's "Life of Samuel Hahnemann" which was translated by his wife Mrs. M. L. Wheeler, who predeceased him in 1936. He leaves three daughters.

OBITER DICTUM

DR. HARDWICK :

"I hear Brigitte Bardot's in coma, I wonder if it's diabetic : they've not sent for me.

DEFECTS IN THE ABSORPTION AND DIGESTION OF FATS

By A. J. BRON, B.Sc.(Hons.)

Modified from a paper read to the Pupil's Physical Society and awarded the Laidlaw Prize, 1960

THIS paper is in two parts. The first deals with some aspects of the physiology of fat digestion and absorption, the second attempts to apply these concepts to the pathogenesis of the steatorrhoeas.

Gastric Digestion

The digestion of fats begins in the stomach with the action of gastric lipase. This lipase has a *p*H optimum of about 5[1]. The quantitative significance of this lipase is not yet known.

Gastric Emptying

Within minutes of the entry of fat into the duodenum and jejunum, inhibition of gastric motility occurs, mainly as the result of the circulating hormone entergastrone, liberated from the upper intestinal mucosa in response to the presence of fatty substances in the intestinal lumen. Fatty acids are more effective here than fats.

The inhibitory effect is not brought about through a closing down of the pyloric ring, but rather by an "inhibition of the entire stomach including the pyloric sphincter". (M. I. Grossman[2])

The Release of Bile and Pancreatic Juices

The fatty meal entering the duodenum mixes with the alkaline bile and pancreatic juices. The bile enters the duodenum following contraction of the gall bladder and also as a result of the increased rate of production of bile by the liver. The former is brought about by the hormone cholecystokinin, and the latter is brought about by bile salts re-absorbed from the intestine, and by secretin, a hormone of importance in the production of pancreatic juice.

In animals the vagus is not regarded as an important factor in pancreatic secretion. The main stimulus is by the hormone secretin and pancreozymin, which are released from the upper intestinal mucosa in response to secretogogues in its lumen.

The Effect of Pancreatic Juice

Pancreatic juice contains the main lipolytic ferment of the alimentary tract. Its optimum *p*H is about 8-10. The *p*H of the upper intestine is about 6, and it falls to about *p*H8 in the lower intestine. Thus, the *p*H for the maximum rate of lipolysis is not realised in the duodenum and jejunum. However, in the presence of bile salts the *p*H optimum is lowered to *p*H 6-7 so that the lipase is active in the upper intestine[3].

The Effect of the Bile Juice

Bile juice contains two agents of importance in the digestion of fats. These are:—

a) Bile salts, which by the virtue of their fat attracting and water attracting groups are powerful emulsifying agents, capable of bringing fats into solution in a watery medium.

b) Lecithin, a phospholipid, which by the removal of a single fatty acid molecule is converted into lysolecithin by pancreatic lecithinases. The latter is an extremely powerful emulsifying agent.

Digestion and Absorption

Munk in the 19th century believed that fat was absorbed as an emulsion. Pflüger, later, believed complete hydrolysis necessary for fat absorbtion. Since this time, views lying between these two extremes have been hotly debated.

Absorption of an Emulsion

Frazer[4] believes that under normal circumstances "30%" of the fat is hydrolysed and the remainder is absorbed in particulate form. The particles must be on average 0.5μ in diameter. Such a dispersion of critical particulate size is said to be produced only in the presence of a tri-partite emulsifying system comprising bile salts, fatty acids and monoglycerides.

Though the quantitative extent of particulate absorption must still remain in doubt, it does seem that the absorption of unhydrolysed fat particles can and does occur. Some of the evidence is given below.

1. Hydrocarbons, such as paraffin, can be absorbed from the alimentary tract if they are adequately emulsified. The presence of olive oil in the emulsion increases the amount absorbed.

2. Dimethyl stearic acid is a synthetic fatty acid. If it is incorporated into a tri-glyceride it is found that the triglyceride cannot be broken down by intestinal lipase. Thus the fat remains unhydrolysed in the intestinal lumen. It is found that when this fat is given to rats, the same amount of fat is absorbed as when the fatty acid is given alone. In other words, hydrolysis is unnecessary for absorption[5].

3. In patients where no pancreatic juice passes into the duodenum, *i.e.*, complete achylia pancreatica, the ingestion of fine particulate emulsions of fat (0.5μ) is followed by a rapid rise of the systemic chylomicron count. This is taken as an indication of satisfactory absorption of the fat. If poorly or un-emulsified fat is given a flat chylomicron curve is produced. Thus, in the absence of intestinal lipolysis we again see that fat can be absorbed and that this absorption is aided by emulsification of the fat into a fine dispersion[6].

The Extent of Hydrolysis

Short chain fats are probably broken down completely in the intestine prior to absorption. The extent of hydrolysis of long chain fats is still in question. In animals, Reiser *at. al.*[7] concluded that about 24-45% of the fat was completely hydrolysed and that the

remainder was present as monoglyceride. In man, Blankenhorn and Ahrens in 1955[8] using an intubation technique, found extensive hydrolysis of tri-olein before absorption. The ratio of glycerides to fatty acids was roughly :—

Monoglycerides	15
Diglycerides	10
Triglycerides	5
Free fatty acids	60

We are now in a position to consider the form in which fat is absorbed from the intestine and the site at which this takes place.

The Form of Absorbed Fat

Absorption occurs from a mixture of fatty acids, mono-, di-, and triglycerides.

If a fatty acid such as oleic is given orally to rats, it is less readily absorbed than if the fatty acid is given in the form of the triglyceride. However, if the experiment is repeated using a mixture of triglyceride and its free acid, then it is found that the free acid is more readily absorbed from the mixture. This paradox is explained by Borgström[9] as due to the greater effect of the fatty acid in slowing gastric emptying. When given alone the absorption of the fatty acid is limited by its slow delivery into the intestine compared to the triglyceride. By giving them in a mixture the factor of gastric emptying is excluded. It will be recalled that fatty acids are far more effective in inhibiting gastric emptying via the entergastrone mechanism than are neutral fats.

Frazer originally postulated that unhydrolysed fat was absorbed from an emulsion with a critical dispersion size of 0.5μ. This was at the time supported by the observations of Baker which purported to show the existence of canals in the intestinal musoca of approximately this width. This has not been validated, and the electron microscope has since revealed the presence of so-called micro-villi at the luminal end of the mucosal cells of the small intestine, between each of which a space of about 0.1μ exists.

It is known that at biological concentrations bile salt molecules may become arranged in the form of micelles in which the fat attracting portions of the molecules lie at the centre of the aggregation, and the polar, water attracting portions lie at the outside, in contact with the aqueous solution. In this way fat may be brought into aqueous solution. These micelles are far smaller than the relatively bulky 0.5μ aggregations which might be expected to contain hundreds of millions of fatty acid molecules[10]. Though there is no direct evidence, it seems reasonable to suppose that particulate fat is absorbed to some extent in this form.

The Site of Absorption

Intubation studies in man have indicated that fat may be more rapidly absorbed from the small intestine than glucose or protein. Borgström *et. al.*[11] found that the fat was 90-95% absorbed, the glucose 100% absorbed, and the protein 80-90% absorbed. Fat absorption occurred most proximally.

Absorption of these substances had occurred within the first 100 cms. of the jejunum, that is, mainly in the proximal jejunum, where the concentrations of bile and pancreatic juice are greatest.

The fate of the absorbed fat and the pathway it takes after absorption depends on the chain length of the fatty acids incorporated in the glyceride.

The Resythesis of Absorbed Fat and its path of transport from the Intestine

The fat passes both intra- and inter-cellularly through the mucosa and is directed to the lacteals or the portal blood according to the nature of the fat. The contractions of the intestinal villi are thought to aid the passage of the fat to its final destination.

Short chain fatty acids

Tributyrin is totally hydrolysed in the intestine and the absorbed butyric acid passes completely into the portal bloodstream. As the chain length of the absorbed fatty acid increases, less passes into the portal stream and more may be found in the intestinal lymphatics and the thoracic duct[12], [13].

Long chain fatty acids

Fats containing long chain fatty acids are transported totally in the lymphatics. Absorbed fatty acids, mono-, and di-glycerides are built up into triglycerides by a resynthesis of ester bonds in the mucosa. Some of the fatty acids are incorporated into phospholipids, which may serve to stabilise the transported glyceride. There is little free fatty acid transported in the lymph.

Summary

The enterogastrone mechanism playing between the upper small intestine and the stomach forms a negative feed-back system which auto-regulates the rate of entry of fat into the duodenum. In normal subjects, the intra-duodenal instillation of a fatty meal (*e.*7., triolein 80 mls. plus barium sulphate 20 mls.) at a rate of 3 mls./min. resulted in a rise in the faecal fat concentration[14]. This was thought to be due to an inadequate digestion of the fat at this rate of flow through the upper intestine. It will be shown later that similar mechanisms may be invoked to explain some cases of steatorrhoea.

In the presence of bile and pancreatic juice there is fairly extensive hydrolysis of long chain fats and complete hydrolysis of short chain fats. The absorption of di- and mono-glycerides probably occurs in the form of micelles. How much is absorbed as particles in the region of 0.5μ is still a controversial point. Absorbed long chain fatty acid and di-glyceride are resynthesised into triglyceride. Very little of the absorbed glycerol is utilised for this re-synthesis, the remainder presumably being derived intra-cellularly from the glycolytic pathway. The resynthesised long chain fat passed in the mesenteric lymph stream to the thoracic duct.

Absorbed short chain fatty acids pass in the free form along the portal vein.

TABLE I

CLASSIFICATION OF FAT ABSORPTION DEFECTS

A. Defects in Gastric Function

1/Post-gastrectomy.
2/Post-vagotomy. (?).
3/Hyper-acidity.

B. Intraluminar Defects

1/Deficiency of Bile Juice

a) Obstructive.
b) Bile Salt Deficiency.

2/Deficiency of Pancreatic Juice

a) Obstructive.
b) Parenchymatous damage.
c) Deficiency of pancreatic lipase.

3/Abnormal intestinal *p*H

C. Defects in the Absorptive Surface

1/Anatomical lesions of the small gut

a) Resection.
b) Stasis of small gut contents.
c) Mixed lesions.

2/Lesions of the intestinal mucosa

a) Localised. (jejunitis, ileitis).
b) Generalised. (coeliac diaease, idiopathic steatorrhoea, tropical sprue, Whipple's dis., infiltration).

3/Mesenteric vascular insufficiency

4/Drugs. (esp. Antibiotics.)

The Steatorrhoeas

The term steatorrhoea implies an excess of fat in the stool on a normal dietary intake. On a fat intake of 50-150 grams per day about 95% of the fat is absorbed. Liquid fats are more completely absorbed than solid fats and up to 99% may be absorbed.

The diagnosis of steatorrhoea rests on the demonstration of an increased fat excretion during a 3-6 day stool estimation, and the finding of more than 5-6 grams a day on the fat intake mentioned above[15, 6, 16].

Classifically the patient is weak, wasted and tired. He has a persistent diarrhoea, and the stools are pale, bulky and offensive. But it is becoming increasingly realised that the patient may be unaware of his steatorrhoea, or his bowel symptoms may be negligible and only be recalled on direct questioning. About 50% of patients with idiopathic steatorrhoea have a history suggestive of coeliac disease in childhood[17].

Avery Jones, speaking of idiopathic steatorrhoea, makes further points in the diagnosis. "The diagnosis has got to be considered . . .

when there are intermittent bouts of loose stools for a few days and recurring several times a year and with relapses precipitated by some nervous or physical strain or by an unusually heavy fatty meal. Constipation may exist between attacks, intermittent nausea and vomiting may be the main feature and as gastric stasis may occur pyloric stenosis may be misdiagnosed"[16].

These patients may present with cramps or tetany due to failure to absorb calcium, anaemia, or a bleeding diathesis due to malabsorption of vitamin K.

The faecal fat is made up of a dietary component, and a non-dietary component. The latter comprises mainly short chain fatty acids derived from the intestinal wall and also from the fermentation of carbohydrate. Even in steatorrhoea this remains a fairly constant figure.

In steatorrhoea there is typically an excess of long chain fatty acids[6]. This is generally so, independant of the aetiology of the steatorrhoea, and it must be realised that the absence of unsplit fat in the stools does not exclude a diagnosis of pancreatic steatorrhoea, for bacterial action in the colon can cause fat hydrolysis.

Table 1 gives a classification of the steatorrhoeas. These will now be considered from an aetiological aspect keeping in mind wherever possible the physiological principles discussed in the first section.

A. Defects in Gastric Function

1) Post-Gastrectomy Steatorrhoea

After a total gastrectomy there is an extremely rapid passage of the meal through the intestine. Gall bladder contraction and pancreatic secretion are inadequately stimulated due to the relative failure to release secretin, pancreozymin and cholecystokinin from the sentient mucosa of the upper small intestine[18].

This failure may be due to the absence of acid secretion by the stomach remnant and the resultant failure to release these hormones, or to a by-passing of the receptor sites in the afferent loop as seems to be the case in the Polya or Billroth 11 gastrectomies[19]. Such a bypass tends to vitiate the proper mixing of the meal with the pancreatic juices. All these mechanisms combine to impair adequate digestion of the fat and this is probably the basis of the steatorrhoea. This is supported by the fact that oleic acid is absorbed normally by these patients.

2) Post-vagotomy Steatorrhoea

Although diarrhoea is a well recognised complication of vagotomy, the occurence of post-vagotomy steatorrhoea has yet to be supported by detailed fat balance studies.

3) Hyper-Acidity Steatorrhoea

Hyper-acidity steatorrhoes is thought to occur in patients with the Zollinger-Ellison syndrome. This is characterised by a massive secretion of acid by the stomach in association with multiple and recurrent peptic ulcers often in unusual situations. A proportion

★ A Selection of Noteworthy Medical Books

DISC LESIONS AND OTHER INTERVERTEBRAL DERANGEMENTS
Treated by Manipulation, Traction and other Conservative Methods.
By E. J. CRISP, M.D., D Phys. Med. 166 pages. 57 illustrations. **15s.**

MACKIE and McCARTNEY'S HANDBOOK OF BACTERIOLOGY
A Guide to the Laboratory Diagnosis and Control of Infection.
Tenth Edition. Revised by ROBERT CRUICKSHANK, M.D., F.R.C.P., D.P.H., F.R.S.E.
992 pages. Illustrated. **40s.**

OUTLINE OF FRACTURES, INCLUDING JOINT INJURIES
Third Edition. By JOHN CRAWFORD ADAMS, M.D., F.R.C.S.
276 pages. 329 illustrations. **27s. 6d.**

OUTLINE OF ORTHOPAEDICS
Third Edition. By JOHN CRAWFORD ADAMS.
448 pages. 368 illustrations. **35s.**

THE DEVELOPMENT OF THE INFANT AND YOUNG CHILD
Normal and Abnormal
By R. S. ILLINGWORTH, M.D., F.R.C.P., D.P.H., D.C.H.
324 pages. 95 illustrations. **27s. 6d.**

THE EYE IN GENERAL PRACTICE
Second Edition. By C. R. S. JACKSON, M.A., B.M., B.Ch.(Oxon.), D.O.M.S., F.R.C.S.(Ed.).
160 pages. 27 illustrations. **21s.**

ORAL HISTOPATHOLOGY
By M. A. RUSHTON, *C.B.E.*, M.A., M.D., F.D.S.R.C.S., and B. E. D. COOKE, M.R.C.S., L.R.C.P., F.D.S.R.C.S.
198 pages. 214 illustrations. **30s.**

TEXTBOOK OF MEDICINE
Twelfth Edition. Edited by SIR JOHN CONYBEARE, *K.B.E.*, *M.C.*, D.M., F.R.C.P., and W. N. MANN, M.D., F.R.C.P.
875 pages. 82 illustrations. **42s.**

THE POCKET PRESCRIBER AND GUIDE TO PRESCRIPTION WRITING
Seventeenth Edition. By ALISTAIR CRUIKSHANK, F.R.C.P.
316 pages. 522 prescriptions. **6s.**

AN INTRODUCTION TO PHARMACOLOGY
By J. J. LEWIS, M.Sc.
838 pages. 183 illustrations. **55s.**

PATHOLOGY OF INFANCY AND CHILDHOOD
By AGNES R. MACGREGOR, M.D., F.R.C.P.E., F.R.C.O.G.
639 pages. 399 illustrations. **75s.**

SHAW'S TEXTBOOK OF OPERATIVE GYNAECOLOGY
Second Edition. Revised by JOHN HOWKINS, M.D., M.S., F.R.C.S., F.R.C.O.G.
492 pages. 467 illustrations. **£5 5s.**

CONTRIBUTIONS TO OBSTETRICS AND GYNAECOLOGY
By V. N. SHIRODKAR, M.D.(Bom.), F.R.C.S.(Eng.), F.A.C.S.
167 pages. 200 illustrations. **37s. 6d.**

OBSTETRICAL AND GYNAECOLOGICAL PATHOLOGY FOR POSTGRADUATE STUDENTS
By R. E. REWELL, M.D.(Lond.), M.R.C.P.
447 pages. 252 illustrations. **50s.**

★ **E. & S. LIVINGSTONE, LTD., TEVIOT PLACE, EDINBURGH, I**

of patients exhibit a typical steatorrhoea. It has been found that the large volumes of acid juice secreted into the small intestine are sufficient to cause a profound fall in *p*H in the duodenum and upper jejumum (*e.g.*,*p*H 1-2). At such a *p*H pancreatic lipase is not only inactivated, but also destroyed by pepsin[19. 20, 21]. Whether gastric lipase is still effective at such a *p*H is not known, but even if it were it would be unlikely to alter the situation to any great extent, since it is far more active against short chain fatty acids than long chain fatty acids. Therefore, one may probably assume that the development of the steatorrhoea depends on the amount of acid secreted daily by the stomach.

The condition occurs in association with a tumour of the pancreatic islet tissue which secretes neither insulin nor glucagon. Recently Gregory *et. al.* have been able to extract a gastrin-like substance from one of these tumours[19]. Rawson *et. al.*[21] describe a case in which removal of the tumour restored the gastric secretion to normal and abolished the steatorrhoea.

B. Intra-Luminar Defects

I. Deficiency of Bile

a) **Obstructive**

Deficiency of bile due to intra- or extra- hepatic obstruction of the biliary system produces a steatorrhoea of variable severity depending on the degree of obstruction. Atkinson *et. al.* in 1956 using an indirect method were able to correlate the extent of obsortion with the amount of bile produced. Their lowest fat absorption figure was 45% in a patient with a bile duct carcinoma.

The necessity of bile for absorption is, therefore, confirmed in man.

b) **Bile Salt Deficiency**

Ross *et. al.*[22] describe a case in which the bile contained a diminished concentration of bile salts. This girl excreted 17½ grams of fat per day but would excrete a normal amount on a fat-free diet. (The excess fat was therefore dietary.) Oral bile salts produced a definite reduction in the faecal fat content (from 4-12 grams per day).

The fact that steatorrhoea occurs in the absence of bile salts alone indicates that lysolecithin and monoglycerides alone cannot fully replace bile salts. It may be that the absence of the *p*H effect of the bile salts on the pancreatic lipase is a significant factor here.

2) Deficiency of Pancreatic Juice

Whether the deficiency of pancreatic lipase is due to a pure deficiency of pancreatic lipase alone, or to a deficiency of all the pancreatic enzymes such as occurs in fibro-cystic disease or carcinoma of the head of the pancreas, the faecal fat is markedly increased.

Frazer states that the absorption defect here is due to the inadequate emulsification of the fat which is, therefore, prevented from "gaining access to the intestinal cell"[23]. The presence of finely emulsified fat (0.5μ) in the upper intestine resulted in a dramatic systemic lipaemia. Frazer also found that a satisfactory therepeutic response was frequently obtained by the administration of pancreatin. Such patients absorb oleic acid normally.

Thus there is evidence here to support both the absorption of fatty acids, and of particulate fat. But there is not proof that the malabsorption defect is due solely to poor emulsification of the fat.

If the defect were due to this alone, then according to Frazer's hypothesis the failure to emulsify would be due to the absence of two components of his tri-partite system, that is, fatty acids and monoglyceride. The crucial experiment would require the addition of a misture of fatty acid and monoglyceride to a fat meal in order to see whether this improved the absorption of fat. If so it would strongly support Frazer's concepts.

C. Defects in the Absorptive Surface

1) Anatomical lesions of the small gut

a) **Resection**

In 1957 Borgström *et. al.* using intubation methods in man[11], found that the maximum absorption of fat occurred in the first 100 cms. of the jejunum. In experimental animals however, the resection of the proximal intestine is better tolerated than the resection of the distal bowel, *i.e.*, the ileum is apparently less dispensible for fat absorption than the jejunum.

This has also been found in man in some instances[24]. Extensive upper resection does not usually cause malabsorption unless massive. Presumably then, the ileum is capable of performing the functions of the resected proximal gut. Pietz in 1956[25] suggested that patients possessing the lower ileal remnant did better than those withot because of the presence of the ileal valve in the former cases. Kalser *et. al.*[26], regard the ileum in man as playing a major part in fat absorption. They too, however, agree that the presence of the ileo-cecal valve lessens the degree of steatorrhoes which would otherwise occur. Kremen, *et. al.*[27], thought the presence of the ileo-caecal valve important in influencing the result of lower ileal resection. They noted a decreased transit time after removal of the valve which might account for the diminished absorption. However, they do not feel that the absence of the valve alone produces the steatorrhoes.

The position is not yet clarified, but Jackson[24] feels able to state, "It does not seem to make much difference whether the remaining portion is jejunum or ileum in man or animals." It seems reasonable to suppose that the ileum and jejunum have an equal capacity to absorb fat, but that the removal of the ileum plus the ileo-caecal valve is likely to cause steatorrhoea by increasing the rate of transit of the contents of the small intestine.

Transit Time after Massive Resection

After massive resection transit time may be extremely rapid. With 17 inches of small intestine left the barium may reach the caecum 15 minutes after ingestion. Duodenal intubation shows that the pancreatic secretion is deficient. This is confirmed by the presence of undigested food in the stools. But predigested and synthetic diets do not improve absorption; thus it is the available absorptive surface which is the limiting factor at the given rate of transit, and not the degree of digestion, impaired though this may be. In a patient of

Jackson[24] the percentage absorption was trebled by quartering the fat intake, the amount absorbed remaining the same. If reproducible, these findings support the contention that it is the area of absorptive mucosa left which determines the maximum amount of fat which can be absorbed by these patients at a given rate of transit.

Similarly the reduction of the fat intake reduces the amount of fat in the faeces after massive resection of the small gut. On a fatless diet there is no steatorrhoea. The excess faecal fat in these patients is normally dietary. Slowing down the rate of transit of the fat past the absorptive area may also be expected to increase the amount of fat absorbed in the diet. Certainly, constipating agents such as opium, bismuth and on occasion ganglion blocking agents, have been used with success to control diarrhoea[24], [28].

Vagotomy slows gastric emptying and, therefore, might also be expected to aid fat absorption by delivering fat at a slower rate into the gut.

However, Weckesser's (1951) experiments produced puzzling results[29]. Transthoracic vagotomies were performed on mongrel dogs following the resection of two-thirds of the small intestine. It was found that early vagotomy caused a temporary improvement in the absorbtion of fat during the time when gastric emptying and transit time were most prolonged. But in spite of the slowed emptying time persisting, the fat absorption reverted to its pre-vagotomy value. Late vagotomy had no beneficial effect on fat absorption, and was probably detrimental to the animals.

The other steatorrheas will be considered briefly for completeness, but as yet their pathogenesis has not been related to any known physiological mechanisms involved in the digestive or absorptive process.

b) **Stasis of Small Gut Contents** (*The 'Blind Loop' Syndrome*)

This syndrome occurs not only in association with blind loops, but also with fistulae, strictures and multiple diverticula of the small gut. The syndrome would be more accurately named 'steatorrhoeas of small gut stasis' for this seems to be the underlying abnormality in this form of malabsorbtion syndrome. Stasis of intestinal contents is followed by bacterial contamination and it is this which produces multiple malabsorbtion defects.

Steatorrhoea may be caused in two ways :

i) By the splitting of starch and fat in the diet to produce irritant fatty acids which are poorly absorbed and give rise to diarrhoea and an outpouring of mucus.

ii) Increased fat in the stools may be the direct result of fat synthesising bacteria. Such bacteria are capable of synthesising 500 mg. of fatty acids from 460 mg. of non-fatty substrate[30].

2) Lesions of the Intestinal Mucosa

Margot Shiner has suggested a clinico-pathological classification of the steatorrhoeas based on the findings of small bowel biopsy carried out in life. This is shown below[31].

Steatorrhoea with intramucosal abnormalities

a) Idiopathic steatorrhoea (irreversible).
b) Coeliac disease (reversible).
c) Certain secondary steatorrhoeas with macroytic anaemia, *e.g.*, Tropical Sprue (reversible).
d) Whipple's disease

Steatorrhoea without intramucosal abnormalities

a) Pancreatic steatorrhoea
b) Most post-gastrectomy steatorrhoeas
c) Jejuno-ileitis with steatorrhoea

Coeliac disease and Idiopathic Steatorrhoea

Coeliac disease develops in certain children following the ingestion of wheat and rye flours. It is thought to be due to polypeptides contained in the gluten of the flour. It is rapidly becoming realised that certain cases at least of idiopathic steatorrhoea belong to the same group and may be regarded as cases of adult coeliac disease. French states categorically: "The condition known as adult or non-tropical sprue in our opinion should more properly be called 'adult coeliac disease' "[32].

In these persons and in children with coeliac disease, removal of gluten from the diet results in a clinical remission of symptoms. Return of gluten to the diet results in a relapse. Both these conditions are associated with a typical biopsy picture (Rubin 1960[33]) which Shiner has termed 'subtotal villous atrophy'.

The mucosal abnormality is irreversible in idiopathic steatorrhoea, but in coeliac disease it is possible that the mucosa reverts to normal in a clinical remission.

Tropical Sprue and others

Tropical Sprue is a form of steatorrhoea whose incidence has a specific topographical distribution. Thus it is seen in the Far East, India, and the Caribbean, whilst other neighbouring areas remain quite free. Treatment involves removing the patient from the environment and the administration of folic acid. In many cases this improves both the general health and the steatorrhoea. Some patients however, remain refractory but respond well to antibiotics. This latter response suggests that an alteration in the intestinal flora is involved in causation.

Intestinal biopsy has revealed in this and other conditions, such as post-gastrectomy steatorrhoea (occasional), 'loop syndrome', steatorrhoea of malnutrition, and on occasion idiopathic steatorrhoea, a condition of 'Partial villous atrophy' of the mucosa. (Shiner 1959[31]). Shiner recalls that Aminopterin produces villous atrophy in rat intestine. This is a folic acid antagonist, and she suggests that the picture of partial villous atrophy may be the result of folic acid deficiency. It has been suggested that folic acid deficiency is the primary factor in tropical sprue. What brings this about is not known, but the intestinal flora may be responsible.

Summary

It has been the attempt of this paper to describe some of the present concepts of fat digestion and absorption, and to relate some aspects of these to defects in the absorption of fats which may arise from diseases of, or surgical interference with the small intestine.

References

(1). SCHONHEYDER, F., VOLQUARTZ K. (1946). *Acta. physiol. scand.*, **11,** 394.
(2). GROSSMAN, M. I. (1950). *Physiol. Revs.*, **30,** 33.
(3). BORGSTRÖM, B. (1954). *Biochem. Biophys. Acta.*, **13,** 149.
(4). FRAZER, A. C. (1952). *Biochem. Soc. Symp.*, **95,** 5.
(5). BLOMSTRAND, R., TRYDING, N., WESTÖÖ, G. (1956). *Acta physiol. scand.* **37,** 93.
(6). FRAZER, A. C. *Brit. med. bul.* (1958), **14,** 212.
(7). REISER, R., BRYSON, M. J., CARR, M. J., KUIKEN, K. A. (1952). *J. biol. Chem.*, **194,** 131.
(8). BLANKENHORN, D. H., AHRENS, E. H. Jr. (1955). *J. biol. Chem.*, **212,** 69.
(9). BORGSTRÖM, B. (1952). *Acta physiol. Scand.*, **25,** 291.
(10). BRAIN, F. H. Dept. of Chemistry, Guy's Hospital. Personal Communication.
(11). BORGSTRÖM, B., DAHLQUIST, A., LUNDH, G., SJOVALL, S. (1957). *J. Clin. Invest.*, **36,** 1521.
(12). BLOOM, B., CHAIKOFF, I. L., RHEINHARDT, W. O. (1951). *Amer. J. Phys.* **166,** 451.
(13). KIYASU, J. Y., BLOOM, B., CHAIKOFF, I. L. (1952). *J. biol. Chem.*, **199,** 415.
(14). JANSSEN, B. Jr., TYOR, M. P., OWEN, E. E., RUFFIN, J. M. (1960). *Gastroenterology*, **38,** 211.
(15). COOK, W. T. (1958). *Brit. med. J.*, ii, 1907.
(16). AVERY-JONES, F., *Proc. R. Soc. Med.* (1959), **52,** 38.
(17). WEIGERS, H. A., van de KAMER, J. H. (1960). *Gastroenterology*, **38,** 587.
(18). LUNDH, G. (1957). *Act. chir. Scand.*, **113,** 431.
(19). GREGORY, R. A., TRACY, H., FRENCH, J. M., SIRCUS, W. (1960). *Lancet*, i, 1045.
(20). SUMMERSKILL, W. H. J. (1959). *Lancet*, i, 120.
(21). RAWSON, A. B., ENGLAND, M. T., GILLAM, G. G., FRENCH, J. M., STAMMERS, F.A.R.S. (1960). *Lancet*, i, 131.
(22). ROSS, C. A. C., FRAZER, A. C., FRENCH, J. M., GERRARD, J. W., SAMMON, H. G., SMELLIE, J. M. (1955). *Lancet*, i, 1087.
(23). FRAZER, C. A. C. (1960). *Gastroenterology*, **38,** 389.
(24). JACKSON, W. P. U. Modern Trends in Gastroenterology II. (1958). Ed. F. Avery-Jones. Butterworth & Co. p. 243.
(25). PIETZ, D. J. (1956). *Gastroenterology*, **31,** 56.
(26). KALSER, M. H., ROTH, A. L., TUMEN, H., JOHNSON, T. A. (1960). *ibid*, **38,** 517.
(27). KREMEN, A. J., LIMER, J. H., NELSON, C. H. (1954). *Annals. Surg.*, **140,** 439.
(28). PULLAN, J. M. (1959). *Proc. R. Soc. Med.*, **52,** 31.
(29). WECKESSER, E. C., ANKENEY, J. L., PORTMAN, A. F., PRISE, J. W., CEBUL, F. A. (1951). *Surgery*, **30,** 465.
(30). BADENOCH, J. Modern Trends in Gastroenterology. (1958). Ed. F. Avory-Jones. Butterworth & Co. p. 231.
(31). SHINER, M. (1959). *Proc. R. Soc Med.*, **52,** 6.
(32). FRENCH, J. M. HAWKINS, C. F., COOKE, W. T. (1960). *Gastroenterology*, **38,** 592.
(33) RUBIN, G. E., BRANDBORG, LL., PHELPS, P. C., TAYLOR, Jr., H. C., MURRAY, C. U., STEMLER, R. H., HAWRY, C., VOLWILER, W. (1960), *Gastroenterology* **38,** 517.

CORRESPONDENCE

Letters to the Editor of the Gazette

Compulsory Lectures

SIR,—The excerpt from *Passim* of FORTY YEARS AGO regarding compulsory lectures, which you printed in the *Gazette* of 24th September, 1960, will interest those of us who remember the nine o'clock courses of systematic lectures on Medicine, Surgery and Midwifery given daily by senior members of the visiting staff. At that time attendance was not checked by signing a sheet as at present. Instead "Com", who knew every student by sight, stood in the theatre and noted the names of those present. I well remember Dr. Lauriston Shaw, to whom I had the privilege of being house physician, telling me that in order to prevent his audience leaving piecemeal he used, as soon as "Com" had left the theatre, to invite those who so desired to withdraw, pointing out that the Medical School now had their attendance duly "signed up".

Whether Examining Bodies forty years ago insisted on attendance at lectures I cannot say but at the present time the term "lecture" appears only three times in the London M.B.B.S. regulations, twice to say that "clinical or practical instruction shall, if possible, be given in preference to systematic lectures" and once to demand a systematic course of lectures and demonstrations in pharmacology. In the Final Conjoint examination the word "lecture" does not occur, stress being laid on practical instruction. Rumour has it that the representatives of the University Grants Committee in 1960 favoured voluntary rather than compulsory lectures.

Yours etc.,

14, St. Thomas's Street, S.E.1. J. J. CONYBEARE.

Science Club

SIR,—May I, on behalf of the Guy's Science Club, extend a cordial invitation to all members of the Teaching and Research Staffs of the Hospital and Schools to attend the meetings of the Club in the new session. Meetings are, as far as possible, held on Wednesdays at 4.45 p.m. in the Staff Common Room, by kind permission of the Dean. Tea is served at 4.30 p.m. and the proceedings are rounded off by 6 p.m. For the benefit of newly appointed members of the staffs I should like to explain that no subscription is payable and no charge is made for the tea.

Three meetings have been arranged for the Autumn Term. The first of these will be on Wednesday, 12th October, when Professor T. McKeown of the Department of Social Medicine, Birmingham will speak on "Medical Progress and Genetical Selection". It is hoped to arrange a further three meetings for the Spring Term.

Notice of future meetings will be given in the Guy's Diary.

Yours etc.,

Department of Biology,
Guy's Hospital Medical School, S.E.1. J. GRIFFITH,
Hon. Secretary, Guy's Science Club.

N.H.S. Dental Practice

SIR,—Your correspondent, Mr. Evans, in your issue of 24th September is to be congratulated heartily for pointing out one of the very many snags which can occur in a National Health Service dental practice. He, and others of his colleagues may be interested to hear of a method of filing which helps to avoid such errors. I have a number of stout envelopes, with the flaps cut off, of such a size that when the brown record card is put in the part bearing the patient's name and address is just visible protruding. These are used when the patient is under treatment, and contain all matters pertinent to that course of treatment (X-rays, yellow form E.C.17, letters and so forth). In this way whenever the patient attends for treatment, all his current records are instantly available. When the treatment is completed, and the yellow form sent to claim payment,

all other records are noted on the patient's record card as being in their appropriate files, and can easily be found if at a later date they should be needed.

It is also easy by means of any convenient notification on the top edge of the record card to determine whether the yellow form has been sent for approval where this is needed, and if so when it has been returned with the approval, thus preventing what I have found to be a most irritating difficulty, that of commencing work when for any reason the approval has been delayed.

I hope that this may be of assistance to some of those who like myself are struggling with the manifold intricacies of the National Health Service regulations.

Yours etc.,

P. F. HOWE.

17, The Grove,
Finchley, N.3.

Paediatrics

SIR,—O Ho ! Paediatrics is a "Specialist Subject" is it; to be bracketed with Neurology and Psychiatry ? Whilst not infrequently I am persuaded of the truth of your statement that students do not buy or ever read a textbook; brochure; aid or digest on the subject, I doubt whether this is due to the special nature of the study.

I would suspect, Sir, that you never did your "Stint" at Pembury, or you would have learned that Human infants, if fed, clothed and cared for have an incredible habit of developing into Human adults, and that the SPECIALIST SUBJECT of adult medicine is nothing more than the study of applied Paediatrics !

Yours etc.,

N. M. JACOBY.

Redleaf, Sandhurst Road,
Tunbridge Wells, Kent.

SPORT

CRICKET

CUP FINAL, 1960

Guy's v. St. George's

Guy's won the toss and put St. George's in to bat on a hard wicket that was wet on top. Williams and Leigh-Brown opened the attack and both proved hostile. Wickets fell regularly and St. George's found difficulty in scoring off them. At one o'clock it started to rain so the players came in with the St. George's side at 53 for 5. It rained so heavily after lunch that play was abandoned for the day.

On the second day the pitch was very wet. The captains disagreed about playing on, Pagliero naturally wishing to press home the advantage so the decision was handed to the umpires. Eventually play started at 4.0 p.m. Williams and Leigh-Brown, the former by accuracy, the latter by speed, had little difficulty in polishing off the tail.

Guy's with 110 minutes remaining started well. Juniper, with powerful cover drives, and Gibson hooking and on-driving superbly, were in command from the start and put on 70 for the first wicket before Gibson was bowled by a yorker. Cook batted confidently but both he and Myall one felt were dismissed due to bad light which nobody appealed for. Guy's, however, had established a first innings lead at 91 for 3, with one day to play.

On the third day Juniper never found the previous day's touch and was stumped without scoring. Pagliero opened his scoring with a 6, straight drove another six and was caught on the boundary for 27 out of 31 stand with Cadar, who was playing himself in carefully. Sievers came in and tried to take command. He hit the ball hard and one was 2 feet from a six. He was unfortunately out going for the big one. Meanwhile Cadar gave an excellent display of batting; he never seemed troubled and reached his fifty with some excellent leg glances and hooks. Healey and Leigh-Brown both played useful short innings but lost their wickets trying to push the score on for an early declaration. Guy's were all out 3 minutes before lunch with a lead of 117 on the first innings.

The wicket though still slow was quicker and taking spin. Leigh-Brown and Williams without the pitch to help them were taken off after a few overs, with the new ball and the spin attack of Cook and Gibson replaced them. St. George's batting was an improvement on the first innings and a 2nd wicket stand of 40 challenged Guy's hopes. However, the experience of Cook and Gibson prevailed and at tea the score was 78 for 6, with St. George's still 51 behind. After tea the batsmen were in no better control of the game but a collection of about 6 dropped catches could well have jeopardised Guy's chances of winning. Consequently Gibson who was beating the bat more often than not walked off the field with only two wickets to his name. A stand of 62 during this lapse in the fielding enabled St. George's to clear the arrears. However, Cook, ever accurate, broke through and finished off the innings with a fine analysis of 7 for 42.

Guy's were left to get 43 runs in 30 minutes. With fast bowlers taking long runs and constant field readjustments this was obviously not going to be a simple task.

Gibson and Pagliero opened as Juniper is left handed and with shots effective more than attractive, reached 36 with 10 minutes to go, when Gibson was bowled. Sievers was then unfortunately run out without facing a ball. A hook for 4 by Pagliero (which later the scorer pointed out was not the winning hit as we had already won), and the game was our's !

The game had been won with 4 minutes to spare. In retrospect the team did very well to complete a 2 innings match in 3 hours less than 2 days and apart from one hour's poor fielding gave a very polished performance.

Dr. Boland, the President of the Cricket Club, kindly presented the Hospitals' Cricket Cup after the game.

We would like to record our appreciation to everyone who gave their support and we hope that they will encourage other people along to cup matches in future seasons.

Guy's v. St. George's

Result—Guy's won by 8 wickets

St. George's—1st innings, 88

Bowling :

Leigh-Brown	..	..	16-4-34—5
Williams	..	..	16.3-542—5
Cook	..	..	2-0-8—0

St. George's 2nd innings 159

Bowling :

Leigh-Brown	..	..	6-2- 9—1
Williams	..	..	10-5-18—0
Gibson	..	..	29-9-56—2
Cook	..	..	24.5-6-42—7
Cader	..	..	3-0-11—0

Guy's—1st innings

I. Gibson, b. Franklin	26
R. Juniper, st., b. Franklin	41
G. Cook, l.b.w., b. Robinson ..	14
R. Myall, ct. Franklin, b. Robinson ..	0
*K. Pagliero, ct. Bartlett, b. Franklin ..	27
Z. Cader, not out	54
†P. Sievers, ct. Rankin, b. Franklin ..	10
J. Cook, b. Franklin	0
N. Healey, ct. Corington, b. Franklin ..	13
M. Williams, st. Smith, b. Franklin ..	0
A. Leigh-Brown, not out	10
Extras	10
Total	205

*Captain. †Wicketkeeper

2nd innings

I. Gibson, b. Usell	26
K. Pagliero, not out	14
P. Sievers, run out	0
G. Cook, not out	1
Extras	6
Total for 2 wickets	47

THE TOUR

Laden with golf clubs and swimming trunks the tour was off. First game Basingstoke. Guy's batted on a sticky wicket and were soon in trouble at 4 for 2. However, a stand of 73 by Juniper and Geoff. Cook followed by a quick innings by Pagliero put Guy's in a commanding position. Sievers with an undefeated 38 including two glorious 6's to mid wicket gave a last minute boost so that Guy's could declare at tea for 194 for 6.

After tea the pitch was docile following 20 minutes rolling and no matter what bowling change or fielding position, Guy's were unable to arrest the sprightly Basingstoke pair from knocking off the runs undefeated.

One or two and the revelous convoy was on its way to Thatchings.

On Saturday a round up of golfers, canoists and swimmers, and we arrived at Littlehampton. A dull display by Guy's—bowling without sparkle and batting carelessly; three members too tired even to complete a run—we were beaten by 84 runs. However, this proved no mar to celebration and an enjoyable evening was had at the club. Unfortunately one member split a finger at Basingstoke, reopened it at Littlehampton and then shut it in the door of a car; so the big dipper party ended up at Littlehampton hospital. Apart from that the evening was uneventful—one member "fell out of his car on the way home."

At Bognor the next day Guy's batted better than the previous evening would have merited but each of the first four batsmen having started well ended his innings abruptly. Guy's were thus dismissed for a small total on a very easy wicket. Bognor had very little difficulty in knocking off the runs in even time.

So we were 3 down—once again Guy's triumphed, however, in the bar even to th extent of producing an ace ladies drinking team. With true British love of the sea, boat race after boat race was embarked upon with frequent visits to *The Ship*.

We were now glad of three days free of cricket. One or two played golf while the majority found the delights of Thatchings quite sufficient to match their needs.

On the Thursday Guy's convoy "motored" to Cuckfield to a delightful cricket ground with pictuesque views. Guy's at last showed a little of the class that could win them the Hospitals' cup, and dismissed Cuckfield cheaply thanks to accurate bowling of Cook and Bellamy who had improved greatly in every match. Again Geoff. Cook featured in the batting and Guy's won comfortably by 5 wickets.

The convoy broken the cars individually made their way home after a very enjoyable tour.

Guy's v. Basingstoke

Guy's 194 for 6 declared (Pagliero 47, Cook G, 46, Juniper 40, Sievers 38*).
Basingstoke 195 for 0.

Guy's v. Littlehampton

Littlehampton 200 for 5.
Guy's 116 (Huins 33).

Guy's v. Bognor

Guy's 132 (Cook 31, Huins 29).
Bognor 133 for 5.

Guy's v. Cuckfield

Cuckfield 140 (Cook, G. 6 for 37).
Guy's 141 for 5 (Cook, G. 48*).

RUGBY

Guy's v. Catford Bridge

At H.O.P. Result—Guy's won 12-5

The rugby season opened at Honor Oak Park with the annual match against Catford Bridge. The Guy's side included the majority of last season's 1st XV players, some appearing in new positions. Clem Evans who has already played in various positions, appeared as a front-row forward and confirmed the good impression he gave in training and practice games.

Guy's kicked off and attacked well, securing most of the ball from the tight and the line-outs. The three-quarters, however, failed to use this advantage to much extent, due mainly to a lack of hard, straight running and poor finishing. The Guy's forwards played relatively well throughout but not as a combined pack, and were pulled up for numerous small infringements which lost them ground previously just gained. In the line-outs the ball invariably reached the wrong player due to poor throwing by the wingers. Of the forwards T. English, L. Cooke, B. Treadwell and A. Lloyd-Edwards played well and need mention.

D. Biggs, with the use of a breeze, kicked a penalty after twenty minutes, to give Guy's a deserved lead. Catford Bridge were never out of the picture, pressing hard at times, and breaking up numerous Guy's movements.

The second half developed into a more lively spectacle than the first, Guy's going further ahead with another penalty kick by D. Biggs, which bounced off the cross-bar, and an unconverted try by Ivanans, after a break by D. Bryant in the centre. Catford Bridge retaliated well and kept the Guy's side on their line for some time and were rewarded by a good try by their captain, and stand-off half Nelson. The try was converted. The Guy's pack found it hard up front now but managed to hold Catford Bridge. The final score came through another break by D. Bryant who passed to P. Ivanans, who handed on to J. Leyshon to score. The try was not converted.

Team : R. W. T. Myall; D. A. Biggs, J. D. Bryant, P. Ivanans, J. Leyshon; R. Hollingsworth, M. D. Murray; A. C. Knight, W. T. Treadwell, C. Evans, J. Cook, S. A. R. Cooke, I. Baker, D. R. A. Lloyd-Edwards, T. A. H. English (capt.).

Guy's v. Blackheath

At Blackheath 24th September, 1960

Result—Lost 14-3

A sunny afternoon with hardly any wind, and a pack strengthened since last week by the inclusion of England's Derrick Morgan together with Richards and Harris led to an air of optimism in both team and supporters.

In the first half the sides appeared evenly matched and in spite of several missed penalties the score of 0-3 to Guy's seemed a reasonable one. Later, the Heath backs got into their stride and the final score well reflected their superiority.

Guy's kicked off and the first ten minutes saw the ball moved freely about the field until a dangerous three-quarter movement by Blackheath was checked on the twenty-five line; they were awarded a penalty, but this fell short of goal. One of the few good runs by Guy's backs carried play up field for a later penalty on the twenty-five, wide out, from where Biggs had a near miss at goal. Play now remained in the Blackheath half and Guy's score followed a scrum near the line to the right of the posts. After a good heel a dummy run to the right by Murray gave Morgan on the left the chance to press over and score. The kick failed. The remainder of the first half saw two more penalties at Blackheath goal pass wide of the posts.

In the second half some uninspiring play was livened by a classic corner flag try by Blackheath following some skilful work by their backs. The conversion failed. Soon afterwards a penalty on the twenty-five in front of Guy's goal put Blackheath in the lead, and from then on they spent most of their time in Guy's half. After receiving the ball from a scrum their backs sent it all along the line for a second corner-flag try, unconverted, making the score 9-3.

In the next ten minutes the Guy's pack showed their superiority but weakness in the three-quarter line became more apparent; and mis-handling allowed Blackheath to break through the defence and gain their final try which this time was successfully converted. In the closing stages Guy's rallied a little and invaded the Blackheath half but at no time did they look like scoring.

Throughout this game the Guy's pack were more than a match for their opposite numbers and it was disheartening to see opportunities missed due to poor handling and lack of co-ordination in the backs.

Perhaps the only other criticism was the poor tackling at times which led to a number of Blackheath tries. Nevertheless, with the present standard of fitness there are signs that our initial optimism will be well rewarded in the future.

Guy's v. United Services Portsmouth

At H.O.P. 1st October, 1960

Result—Won 19-17

This was surely one of Guy's best home games in recent memory, with the whole team playing with a confidence and force that was a pleasure to see. Changes since last week were the return of Blackwell and Nicholas, with Carroll standing in for Myall who is injured. The Services were fresh from their victories over Northampton and Hampshire and had the memory of their twenty point victory over Guy's last year, but any confidence they may have had was soon to be dispelled.

Guy's kicked off and some energetic forward play ensued until a Services kick returned the ball to Guy's half. A penalty following a scrum near the twenty-five line enabled Services captain and Navy Cap Thomas to open the scoring after some ten minutes. Two minutes later Guy's chance came and went when a penalty kick from beyond the twenty-five was sliced to the right. Some unfortunate Guy's kicking brought United Services to the other end of the field where a further penalty just failed to increase their lead. After the kick-out, a nice run by Services Edwards, Cormack and Casey brought them to Guy's doorstep again but they were soon forced back, some effective tackling by Ivanans being noticeable at this stage. Later, a second penalty to Guy's again misfired, leaving the score 0-3. Following the Portsmouth kick-out, an excellent run from the half-way line by Leyshon was halted inches from the line and had the spectators on their feet. With the ball back in play Blackwell and Richards took the game to the United Services twenty-five, where a penalty proved third time lucky for Biggs who equalised the score.

Just before half-time Services broke away and went over Guy's line surrounded by defenders with a loud shout of "hold the ball up"; from the stand this appeared to have been done, but the referee on the spot awarded a try. The conversion failed, leaving the half-time score 3-6.

Guy's first try came early in the next half, with a run up the line by Leyshon enabling Hollingsworth to score. Biggs, with confidence restored, converted to make it 8-6. Soon afterwards a run by Bryant took play to within ten yards of the Services line, and following a scrum Cooke broke through to increase Guy's lead. The conversion narrowly missed.

United Services now increased their pressure and following a break by Sinclair a certain try was saved only by a forward pass in front of Guy's goal. In defence Guy's were uncertain, and eventually Rayner broke through to score. Sinclair converted to make it eleven all with some twenty minutes play remaining.

Both sides were now playing hard and it was Guy's turn to score after Cooke emerged with the ball and tore up the far side of the field with Leyshon outside him; as both players drew their men the ball passed to Leyshon and then back for Cooke to score. The kick failed.

Services kick-out was promptly returned by Carroll but a strong rush by their forwards took them up-field and minutes later Thomas broke through for his second try which was not converted.

With time fast running out it seemed that the match must end in a draw and it was a shock when Portsmouth gained the lead with a penalty goal from the twenty-five line after a skilful run by their backs.

Playing now in injury time Guy's followed up a rapid kick until checked for an even more rapid scrum near the United Services line. Services heeled, but mishandling by their backs gave English his chance to pounce on the ball and equalise. The spectators' roar changed to silence as Biggs converted, then broke out again to drown the final whistle.

This week Hollingsworth's tactical kicking was much improved, keeping Guy's men more on the attack. The tackling and straight running of the backs was most encouraging and they were today a more adequate support for their experienced and weighty pack.

Final score: Guy's 19 points. United Services Portsmouth 17 points.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar in Thoracic Surgery** with duties commencing as soon as possible after 1st January, 1961, until 30th September, 1961, in the first instance.

Forms of application are obtainable from and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **22nd October, 1960.**

GUY'S-MAUDSLEY

NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st December, 1960. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **15th October** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL DENTAL SCHOOL

Commencing 28th November, 1960, a course in Conservative Dentistry primarily for F.D.S. candidates will be held at Guy's Hospital Dental School. The course will consist of 6 sessions, from 5.30 p.m. to 7.30 p.m., on 28th and 30th November and 5th, 7th, 12th and 14th December, 1960. Fee £10.0.0 Further particulars and forms of application, which should be returned as soon as possible and not later than **Friday, 4th November,** may be obtained from the Dean, Guy's Hospital Dental School, S.E.1.

HOUSE APPOINTMENTS

1ST DECEMBER, 1960

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st December, 1960.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of Casualty Officer (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Casualty Officers (*Pre-Registration*) 5

House Surgeons (1 *Pre-Registration*) (1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*) (1 *Pre- or Post-Registration*) 2

Resident Obstetricians 1
(*Post-Registration*)
(To commence 1.1.61)

Throat and Ear House Surgeon (*Pre- or Post-Registration*) 1
(Three months at Guy's Hospital followed by three months at New Cross Hospital.

Children's House Physician (*Pre-Registration*) 1
(Second six months candidate only).

House Physician to the Department of Experimental Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) .. 1

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital (*Pre-Registration*) 2

Genito-Urinary House Surgeon (*Pre-Registration*) 1
(Second six months candidate only).

House Surgeon to the Thoracic Unit 1
(*Pre or Post-Registration*)

Resident Anaesthetists 2
1 *Post-Registration* (*Guy's*)
(1 S.H.O. New Cross)

R.M.Os. Nuffield House 2
(1 to commence 1.12.60)
(1 to commence 1. 1.61)

The Medical Committee will also consider applications for posts at outer Hospitals as follows :—

BECKENHAM HOSPITAL

House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1
(To commence 1.1.61)

JOYCE GREEN HOSPITAL

House Physicians (*Pre-Registration*) .. 2

LEWISHAM HOSPITAL

House Surgeon Orthopaedics (*Pre-Registration*) 1

NEW CROSS HOSPITAL

House Physician (*Pre-Registration*) .. 1
House Surgeon (General Duties) *Pre-Registration*) 1

ORPINGTON HOSPITAL

House Physician in Geriatric Unit (*Pre-Registration*) 1
House Surgeon (General Duties, Physical Medicine and Dental Surgery) (*Pre-Registration*.. 1
House Surgeon (General Duties) (*Pre-Registration*) 1

PEMBURY HOSPITAL

House Surgeon Orthopaedics (*Pre-Registration*) 1

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon (*Pre-Registration*) .. 1
House Physician (*Pre-Registration*) .. 1

ST. JOHN'S HOSPITAL, LEWISHAM

Casualty Officer (*Pre-Registration*) .. 1
(To commence 19.12.60)

ST. OLAVE'S HOSPITAL

House Surgeons (*Pre-Registration*) .. 2

SEAMEN'S HOSPITAL, GREENWICH

House Surgeon (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office, not later than **Monday, 31st October, 1960.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates who have completed six months in Medical or Surgical posts are reminded that they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only.

ENTRY OF STUDENTS

OCTOBER, 1960

MEDICAL SCHOOL

1st Year

Anto, M. K.	Mawuli School, Ghana
Aylett, Patricia Ann	Poles Convent, Herts.
Birts, R. J.	Lancing College, Sussex
Bramwell, R. S. B.	Canford School, Dorset
Chivers, Sally Ann	Bath High School, Somerset
D'Souza, M. F.	Blackfriar's School, Northants.
Ellis, A. R.	Marlborough College, Wilts.
Evans, D. P.	Bristol Grammar School
Gareeboo, H.	Royal College, Port Louis, Mauritius
Gill, J. R.	Felsted School, Essex
Govan, J. R.	Woodbridge School, Suffolk
Graham, R.	Merchiston Castle School, Edinburgh
Hamblyn, N. C.	Dartford Grammar School, Kent
Herrington, M. R.	Chigwell School, Essex
Johnson, D. A. N.	Gotham Grammar School, Bristol
Joseph, M. I. L.	Queen's College, Georgetown, British Guiana
Kramer, Susan Linda	Wimbledon High School Kingston Technical College
Landon, K.	St. Dunstan's College, Catford; Norwood Technical College

Malcolm, J. P.	Monkton Combe School, Somerset
Malpass, C. P.	Haileybury & Imperial Service College, Herts.
Mathias, D. B.	Bishop Gore School, Swansea
Newman, C. L.	Taunton School, Somerset
Ockleshaw, Janet Linda	Rosemead School, Sussex
Parker, Philippa Jacques	Frances Holland Grammar School
Pietroni, P. C.	English School, Nicosia, Cyprus
Pickering, C. A. C.	Canford School, Dorset
Rhodes, D. J.	Watford Technical High School, Herts.
Rikard-Bell, Lyall Mary	Cranborne Chase School, Dorset
Roe, T.	Haileybury & Imperial Service College, Herts.
Rumpus, M. F.	Chichester High School, Sussex
Rushmer, P. J.	Paston School, Norfolk
Sawyer, D. H.	Gresham's School, Norfolk
Searle, J. F.	Hertford Grammar School, Herts.
Sharp, J. R. C.	Blundell's School, Devon
Siggers, D. C.	Marlborough College, Wilts.
Stephen, Isobel Margaret Jean	South Hampstead High School
Tyler, D. L.	St. Nicholas Grammar School, Middx.
Underwood, T. D. P.	Redruth Grammar School, Cornwall
Wilkinson, Theresa Dennis	Roedean School, Brighton
Williams, T. L. S.	St. Andrew's College, Grahamstown, South Africa

2nd Year

Barnett, M. B.	The Judd School, Tonbridge
Baxter, P. J. C.	Brentwood School, Essex
Bayley, I. J. L.	Chislehurst & Sidcup Grammar School, Kent
Bhanji, S.	Manchester Grammar School
Blyth Jennifer Ann	Blyth School, Norwich
Boger, R. F. C.	Bradfield College, Berkshire
Bowden, P.M.A.	St. Joseph's College, Staffs.
Boyd, J. P. R.	Eltham College
Chater-House, M. K.	Tonbridge School, Kent
Chown Jennifer Ann	Brighton & Hove High School, Sussex
Cochrane, J. G.	Purbrook Park County High School, Hants.
Cox, Carol Ann Mary Charlton	Ware Grammar School, Herts.; London Tutors, S.W.5
Dobson, J. H.	Dulwich College
Evans, D. H.	Whitchurch Grammar School, Glam.
Falconer, G. F.	Denstone College, Staffs.
Franklin, J. W. B.	Sherborne School, Dorset; Bournemouth Technical College.
Gaches, C. G. C.	Trinity School of John Whitgift, Croydon
Garcia-Webb-Sharp, P.	Willesden County Grammar School
Gourley, D. G.	Michaelhouse S. Africa; Buckingham Gate Tutorial College, S.W.1
Gregson, J. S.	Tonbridge School, Kent.
Howell, C. W.	Dulwich College
Hughes, P. S.	Clifton College, Bristol
Ingram, D. L.	King's School, Canterbury
Iveson, J. M. I.	Ampleforth College, Yorks.
Jourdan, M. H.	Bishopshalt School, Middlesex
Lawrie, Christina Janet Seymour	Walthamstow Hall, Kent
Letanka, S. E.	St. Peter's School, Johannesburg, S. Africa
Lewis, M. F.	Marlborough College, Wilts.
Majali, S. H.	Paddington Technical College; Jordan
Medhurst, A. W. J.	Hertford Grammar School
Mowbray, A. H.	Hastings Grammar School, Sussex
Munitz, H.	Israel; Whittingehame College, Sussex
Murrell, G. J.	Dulwich College
O'Gorman, D. J.	Epsom College, Surrey
Peace, P. K.	St. John's Leatherhead
Pearse, Jennifer Phyllis	Queen Anne Grammar School, York
Pembrey, M. E.	Hurstpierpoint College, Sussex
Roberts, A. M.	Felsted School, Essex
Robertson, J. C.	Epsom College, Surrey
Rose, Susanne Elizabeth Ethel	Cheltenham Ladies' College
Spurrell, R. A. J.	Oundle School, Northants
Stannard, Clare Elizabeth	St. Philomena's School, Surrey
Stevens, A.	Chesterfield Grammar School, Derbyshire
Stimpson, G. G.	Northampton Grammar School
Thacker, R. H.	Southern Grammar School, Portsmouth
Tong, D.	Queen Elizabeth's Grammar School, Derbyshire
Townsend, Jennifer Rosemary	Commonweal Lodge, Purley, Surrey
Vernon, M. S.	Westminster School, London
Walter, M.	Eastbourne College, Sussex
Williams, Carol Margaret Elizabeth	Monmouth School, Monmouth
Williams, P. A. D.	Beverley Grammar School, Yorks.
Woodruff, Dawn Gillian Grenville	Queen Elizabeth's Grammar School, Herts.
Wotherspoon, Christina Margaret	Merchant Taylors' School, Lancs.
Yates, Rowena Catherine	Queen Margaret's School, York; Cheltenham Ladies' College

Combined Course

Banks, P.	Guy's Hospital Dental School
Redpath, T. H.	Guy's Hospital Dental School

DENTAL SCHOOL

1st Year B.D.S. Students

Baird, E. S.	Northampton Grammar School
Barrs, R. A.	St. Lawrence College, Kent
Davies, R.	Duke of York's Royal Military School, Kent
Dobson, L. E.	St. Ignatius College, N.15
Dunn, I.	Haberdashers Askes Hampstead School, N.W.2
Fleming-Jones, D. P.	Stonyhurst College, Lancashire
Harrison, T. P.	St. Benedict's School, W.5
Head, N. J.	Douai School, Woolhampton

Hodivala, R. N.	Aden College
Knight, R. E.	Repton School, Derby
Lawrence, P. V.	St. Paul's School, W.14
McGlynn, K. J.	Bristol Grammar School
Mitchell, P. A.	Brighton, Hove & Sussex Grammar School
Orton-Jones, S.	Cheltenham College
Reid, I. N.	Uppingham School, Rutland
Winder, Delia L.	Stamford High School, Lincolnshire

2nd Year B.D.S. Students

Allan, A. J.	Hertford Grammar School
Anderson, J. G.	Reigate Grammar School, Surrey
Becker, R.	Gwenoraeth Grammar School, Carms.
Brammer, J. D.	Price's School, Fareham
Breeze, M. J.	Dulwich College
Brent, Gillian	Cheltenham Ladies' College
Brown, C. C.	The Leys School, Cambridge
Brown, R.	Cowbridge Grammar School, nr. Cardiff
Carr, Helen C.	St. Francis' School, Essex
Coe, C. J. G.	Epsom College, Surrey
Cooper, D. E.	Westcliffe High School for Boys, Essex
Cooper, H.	Wymondham College
Coventry, J. F.	Harrow County School for Boys
Culver, W. C. B.	Dulwich College
Davies, P. D.	Exeter School
Davy, P. J.	Tonbridge School
Deere, E. G.	Duke of York's Royal Military School, Dover
Dodd, P. R.	Hampton Grammar School
Evans, Margaret J.	Malvern Girls' College, Worcestershire
Falk, R. S.	Dauntsey's School, Wiltshire
Fitzgerald, B. D.	Canford School, Dorset
Franklin, Susan M.	South Hampstead High School
Gray, Helen M.	Putney High School
Griggs, D. M.	Aldenham School, Herts.
Harvey, Rosalind A.	King Edward VI Camp Hill School for Girls
Heather, Priscilla M.	Plymouth High School for Girls
Holden, V. S.	Portsmouth Grammar School
Holmes, Angela M.	Worthing High School for Girls
Holt, V. P.	Watford Boys' Grammar School
Hone, C. B.	Plymouth College
Hudson, Christine M.	Sunny Hill Girls' School, Somerset
Hunt, J. M. G.	Mill Hill School
Inward, P. G.	Emmanuel School, S.W.11
Ireland, R. A.	Newport High School
Jones, M. S.	King Edward's School, Birmingham
King, R. E.	The King's School, Peterborough
Knott, N. J.	Highgate School, N.6
Lakin, A. J.	Latymer Upper School, W.6
Lennane, S. H. J.	Wimbledon College, S.W.19
Longhurst, P.	Palmer's School for Boys, Essex
McAndrew, P. G.	Epsom College, Surrey
Mackey, J.	Latymer Upper School
Martyn, W.	Marlborough College, Wiltshire
Morris, R.	Epsom College, Surrey
Muya, R. J.	Makerera College, Kampala
Oakenfull, S. L. R.	Plymouth College
Paterson, R. C.	Chislehurst & Sidcup Grammar School, Kent
Prest, Marion K.	Maidstone Girls' Grammar School, Kent
Reid, W. S.	Hamilton Academy and Westminster College of Commerce
Reynolds, J. R.	St. Albans School, Hertfordshire
Rhodes, Frances J.	Woodford County High School, Essex
Stephens, C. D.	Dulwich College
Tate, Sara V.	Bedford High School
Venning, P. D.	Wycliffe College, Gloucestershire
Watson, R. M. G.	Dover College and Caterham School Surrey
Worth, A. M.	Leek High School Staffordshire
Wren, P. J.	Highgate School, N.6

L.D.S. Students Entering in October, 1960

Ball, A. G.	King Ethelbert School, Birchington, and Medway College of Technology, Chatham
Cheesman, T. R. C.	Bedford School
Jones, Christine M.	Mary Datchelor Girls' School, S.E.5, and The Alice Ottley School, Worcester

1 Year's Hospital Practice leading to the L.D.S.

Kagwa, Mary M.	Howard University, U.S.A.
Khanna, S. K.	Dental College and Hospital, Lucknow, India

3rd Year B.D.S Student entering in October, 1960

Storey, J. L.	Downside School, nr. Bath, and The London Hospital Medical College

PASS LIST

UNIVERSITY OF OXFORD

B.M., B.Ch.

Long Vacation, 1960

Special and Clinical Pathology

D. B. Calne — M. B. Siner
W. R. Esson

CONJOINT BOARD

L.R.C.P., M.R.C.S.

September, 1960

Chemistry

T. L. Harrison — D. R. Stubbs

Elementary Biology

A. H. Brook — C. S. Warden
T. L. Harrison — J. H. Whitworth
D. R. Stubbs

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination
September, 1960

P. J. Eden — H. R. Rippon
R. H. C. Fuller — S. I. M. Robinson
P. J. Haworth — A. M. G. Rounsefell
P. Holst-Roness — J. D. Taylor
A. J. Hooper-Greenhill — M. R. Trevelyan
M. C. Ribiero

NURSING NEWS

Entered :
Staff Nurse M. Ballamy to *Bright.*
Staff Nurse S. Macdonald to *Theatres.*
Staff Nurse S. E. Taylor to *Luke.*
Staff Nurse J. Williams to *New Cross Theatres.*

Left :
Miss Duncombe from *Evelina Hospital.*
Staff Nurse J. Bradwin from *Maudsley Hospital.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.
Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

TWO DENTAL SURGEONS as assistants in busy congenial conservative practice near Bromley, Kent. Box No. 238.

FOR SALE

WILDCAT 15 ft. Sailing Dinghy in immaculate condition £85, no offers. Price includes cover, buoyancy, sheets, blocks, all new this season. Also launching trolley and all other accessories. Seen Itchenor week-ends. Any trial. Phone Farnborough (Kent) 56389 evenings.

INLAND SPA TOWN. Partnership for sale in old established dental practice. No National Health. Spacious surgeries, waiting rooms, etc., with modern equipment. Opportunity for man of initiative to practice high class dentistry. Box No. 239.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Adams, C. W. M. Osmium Tetroxide and the Marchi Method; Reactions with Polar and Non-Polar Lipids, Protein and Polysaccharide. *J. Histochem. Cytochem.*, 1960, **8**, 262.

Adams, C. W. M., Marples, E. A. and Trounce, J. R. Achalasia of the Cardia and Hirschsprung's Disease—the Amount and Distribution of Cholinesterases. *Clin. Sci.*, 1960, **19**, 473.

Briggs, J. H., Newland, P. M. and Bishop, P. M. F. Phenmetrazine Hydrochloride in Treatment of Obesity. *Brit. med. J.*, 1960, ii, 911.

Campbell, Maurice. Results of Surgical Treatment for Pulmonary Atresia. *Brit. Heart J.*, 1960, **22**, 527.

Conybeare, E. T. Public Health, Epidemiology, and Preventive Medicine. *Medical Annual*, 1960, pp. 351-364.

Galbraith, N. S. and another. Salmonellae in Dessiccated Cocoanut. An Interim Report. *Bull. Minist. Hlth. Lab. Serv.*, 1960, **19**, 99.

Horton, R. E. Children's Diseases—Surgical *Medical Annual*, 1960, pp. 148-157.

Kellaway, T. D. and another. Arterial Necrosis in the Rat produced by Methoxamine. *J. Path. Bact.*, 1960, **80**, 87.

Lawrie, Rex. Guy's Hospital Instrument Tray. *Nurs. Times.*, 16th September, 1960, p. 1140.

McGill, D. A. Some Investigations into Endocrine Exophthalmos. *Quart. J. Med.*, 1960, **29**, 423.

Morrant, G. A. and another. The Development and Application of Modern Methods in Cavity Preparation. *Brit. dent. J.*, 1960, **109**, 215.

Polani, P. E. and others. Chromosome Translocation as a Cause of Familial Mongolism. *Lancet*, 1960, ii, 678.

Rees, R. J. W. and another. Effect of Macrocylon in Acute and Chronic Pulmonary Tuberculous Infection in Mice as shown by Viable and Total Bacterial Counts. *Brit. J. exp. Path.*, 1960, **41**, 414.

Trounce, J. and Nightingale, A. Studies in Hirschsprung's Disease. *Arch. Dis. Childh.*, 1960, **35**, 373.

Watson, John. A Skin-grafting Knife. *Lancet*, 1960, ii, 688.

CHANGES OF ADDRESS

D. C. Humphrey, M.B., B.S., 45, Ingatestone Road, Woodford Green, Essex. (Tel. BUC 8653).

J. H. Kerr, M.B., B.Ch., 166, Three Valleys Drive, Parkway West, Don Mills, Ontario, Canada.

J. A. Loeb, F.R.C.S. (C), 5, Lorene Drive, Islington, Toronto, Ontario, Canada. (Tel. BE 96747).

B. V. McEvedy, F.R.C.S., The Gables, Moor Road, South, Gosforth, Newcastle-upon-Tyne.

B. J. Moore, L.D.S.R.C.S., Maybury Lodge, 24, High Street, Thames Ditton, Surrey.

A. H. Phillips, M.B., B.S., F.F.A. R.C.S., Dunmarklyn, 16, Western Avenue, Newport, Mon. *Appointment :* Consultant Anaesthetist, Royal Gwent Hospital, Newport, Mon.

BIRTHS

BROCKLEHURST.—On 16th September, 1960, at B.M.H. Hanover, B.F.P.O. 33, to Anne (née Cleverdon) and Gordon Brocklehurst, M.B., B.Chir., a daughter (Clare) sister for Rachel and Mark.

LOEB.—On 2nd July, 1960, at St. Joseph's Hospital, Toronto, Ontario, Canada, to Jocelyn, wife of J. A. Loeb, F.R.C.S. (C), a daughter (Karen Julia).

PHILLIPS.—On 11th June, 1960, to Pearl and Alan Phillips, M.B., B.S., a daughter (Jane Louise), sister for Martin and Kathryn.

MARRIAGES

BREWER—KING.—On 17th September, 1960, at Baptist Church, Purley, Jeremy Spencer Brewer, M.B., B.S., to Maureen Elizabeth King, S.R.N.

McEVEDY—GROVER.—On 27th August, 1960, at St. Matthews Church, Ponteland, Brian Victor McEvedy, F.R.C.S., to Gillian Margaret Mary Grover.

MOORE—BLINKHORN.—On 3rd September, 1960, at New Milton, Hampshire, Brian J. Moore, L.D.S., to Audrey E. Blinkhorn, S.R.N.

EDS. { D.N.L. / S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1885 *22nd October* 1960 *One Shilling*

PASSIM

ON Friday, 7th October, the Connaught Rooms were the scene of the most important of Guy's occasions, the Biennial Dinner. More than four hundred old Guy's men were present, with Dr. A. C. Hampson in the Chair. The dinner was excellent, and the few, and brief, speeches were most warmly received. A most enjoyable and memorable evening which all those who attended will wish to repeat.

All Guy's men will have heard, with deep regret, of the recent death of Professor T. B. Johnston, Dean of the Medical School and Professor of Anatomy from 1919 to 1937, Superintendent from 1938 to 1948, and member of the Board of Governors until last year. A full obituary notice appears on a subsequent page.

The tornado has left *Addison* ward and ascended to *Mary*. In its wake it leaves an entirely new system of electric wiring. At each bedside there are plugs to take the new style locker bearing a two tone lamp, a plug for an electric shaver, and a control panel for headphones. When television sets are installed the sound will be heard only through headphones which will be under the control of individual patients.

It is *Addison* that the Queen Mother is visiting after presenting the nurse's prizes next week. We hear that she is visiting the ward about 4.40 p.m., which in one respect seems a shade on the late side—but then we are not absolutely certain that she has been invited to tea there.

Professor J. H. Burn, F.R.S., has been awarded a $5,000 prize by the Gairdner Foundation of America for his "outstanding contributions to knowledge of the action of drugs in cardiovascular disease."

We would like to congratulate Nurse Barbara Trim who, at the recent Inter-Hospitals' Nurses' Swimming Club finals, won the *Nursing Mirror* Challenge Shield with her splendid race in the 100 yards free style event.

With the electric lights now shining down upon the public right of way along Maze Pond, and the workmen making it completely escape proof by sealing the crack between the bottom of the wire netting and the road with cement, it will soon be the moment for the gates of Great Maze Pond to shut for the first time and for a long time.

The results of this are slowly being appreciated by all who are used to going to Snowsfields or St. Christopher's via the Front Surgery: the only way there will be through the monster chicken run with its only entrance near the College. We are uncertain how the Surgical Take-In firm, accustomed to the short Front Surgery—Miller stretch will manage the long detour, but out of sheer public spiritedness we must inform the authorities that we have heard one Surgical Registrar muttering darkly about a plan to "get the boys tunnelling."

GUY'S DIARY

OCTOBER			Exhibition. *Haematemesis.*
27th	Th	1.00	Mr. Glover. Clinical Lecture. *A Case of Hyperparathyroidism.*
29th	S		Rugby. Guy's *v.* Wasps at Sudbury.
NOVEMBER			Exhibition. *Varicose Veins.*
1st	T	1.00	Dr. Grimble. Clinical Lecture.
3rd	Th	1.00	Mr. Lawrie. Clinical Lecture. *Neonatal Intestinal Obstruction.*
4th	F	1.00	Dr. Kauntze. Clinical Lecture. *The Investigation of Systemic Arterial Hypertension.*
5th	S		Rugby. Guy's *v.* Old Blues at H.O.P.

NOTICE

NURSING STAFF VACANCIES

The following vacancies will soon occur on the Nursing Staff.

Deputy Superintendent Midwife, in charge of *Victoria* Ward. Candidates must have had good midwifery and administrative experience and must hold the Midwife Teacher's Diploma. The vacancy will occur in the New Year.

Sister in charge of the Female Orthopaedic Ward, and a male or female Staff Nurse in the Male Orthopædic Ward of the Guy's Unit at New Cross Hospital. Candidates must be State Registered and hold the Orthopædic Diploma. The Unit will, of course, be transferring ultimately to New Guy's House; the vacancies are immediate.

Qualified Sister Tutor for the Main School of Nursing. This vacancy occurs in November.

J. ADDISON,
Matron.

OBITUARY

PROFESSOR T. B. JOHNSTON, C.B.E., M.D.

Professor Johnston was intimately associated with Guy's, both Hospital, and Medical and Dental Schools, for some forty years in his capacity first as Professor of Anatomy and Dean of the Medical School and later as Superintendent, and as a Governor after the Ministry of Health took over the Hospital as part of the National Health Service.

His career at Guy's can be divided into three periods, from 1919 to 1937 as Dean and Professor of Anatomy, from 1938 to 1948 as Superintendent, and finally from 1948 to 1959 as a member of the Board of Governors.

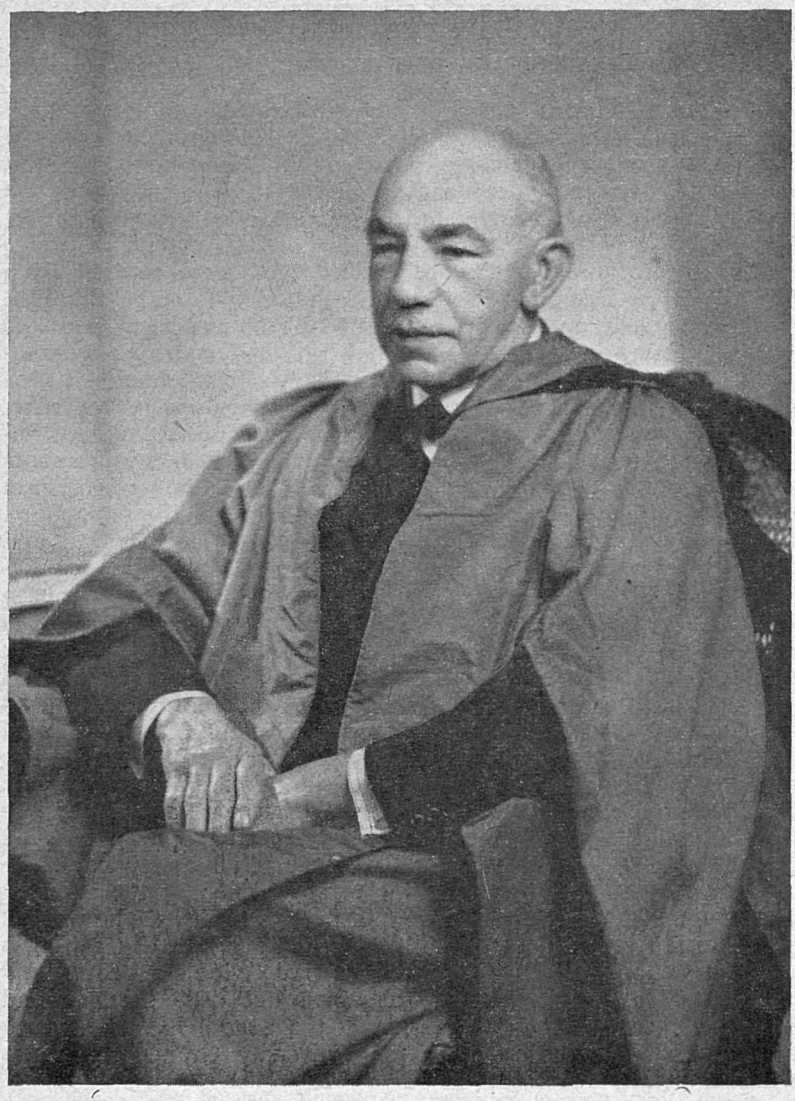
It is interesting to take a glance at the Medical School as it was when he arrived in 1919. The School Departments were hopelessly inadequate, particularly his own Department of Anatomy, a ramshackle building which could have functioned well as a store room or a large public lavatory. The Department of Pathology was in a converted warehouse well away from both Hospital and School. Needless to say lifts were completely absent. The Medical and Dental Schools had no definite constitution nor had the requirements of the Schools ever been viewed as a whole and any long term policy was conspicuous by its absence. Most of the teaching was done by part-time teachers and the Anatomy Department before Johnston's appointment was in the hands of a few demonstrators who worked for a few hundreds a year while awaiting surgical consultants posts in Guy's or other hospitals.

Johnston's administrative ability was quickly recognised by his colleagues and he was soon appointed Dean. Within a few years he succeeded in getting a new Anatomy Department and Dissecting Room authorised and financed. Some years later a large building scheme provided ample space for Pathology in all its branches.

Johnston soon realised that the arrangements for the management of the School were clumsy and ineffective but wisely he worked by infiltration rather than frontal attack and succeeded in getting a new constitution for the Medical and Dental Schools approved and adopted. This constitution has remained but little changed and worked eminently successfully although the School has been much enlarged and its resources from the University Grants Committee have been greatly increased.

Besides the vision and energy so necessary for the accomplishment of major schemes in the School, Johnston was a master of detail. He knew personally nearly all the students who passed through his department and most of those who came to Guy's from Oxford and Cambridge. He was readily approachable. Especially in his early days as Dean there were large numbers of ex-service students, some with difficult domestic and financial problems. There must be many who are grateful for his advice and sometimes financial help in the form of loans from the Dean's Exhibition Fund.

In 1938 Professor Johnston took over the onerous job of Superintendent. He certainly did not wish to do so and was only



Professor T. B. Johnston, C.B.E., M.D.

persuaded after pressure from the Governors and particularly Lord Nuffield, a close personal friend and at that time Treasurer of the Hospital.

If the condition of the Medical School was very indifferent when Johnston became Dean in 1919, that of the Hospital in 1938 was quite appalling, at any rate from a financial point of view. Annual deficits over many years had produced a financial crisis and Mr. Lees Read, recently appointed as Clerk to the Governors, could not be

sure from week to week whether there would be enough money in the till to pay the porters and nurses. Indeed the Hospital owed its suppliers of consumable stores, such as meat and flour some £60,000. Johnston and others made unofficial and official approaches to the London County Council and the Ministry of Health without effect. However, before complete bankruptcy could occur the threat of war brought the Emergency Health Service into being. This Service paid very large sums into the Hospital Funds and by the end of the war, thanks mainly to the skill of Mr. Lees Read, all debts had been paid off leaving a handsome surplus.

On the outbreak of war Johnston found himself in a new job, again one thrust on him rather than sought—Group Officer for No. 10 Sector. Air raids on a big scale were foretold and the Government expected 300,000 casualties in the first ten days of war, a high proportion of which would be in Sector 10, which included much of South London, all of Kent and much of Sussex. On Johnston as Group Officer fell the task of perfecting the organisation by which casualties could be evacuated and switched from one hospital to another. In addition he had to arrange for the posting of medical personnel to the various Sector Hospitals. As Medical Officers in the Emergency Medical Service were not under discipline and not compelled to obey orders, staffing could have been a very difficult task, but fortunately, Johnston's prestige and personality were sufficient to dispose of most problems.

For the whole of the war Johnston had his headquarters in an unattractive Victorian house adjoining Orpington Hospital, where he worked in conjunction with Miss MacManus, as Sector Matron, Mr. Lees Read, and last, but far from least, Miss Delamere. Here they endured blitzes and flying bombs, sleeping in dug-outs, watching the Battle of Britain, arranging the disposal of wounded from Dunkirk, posting medical personnel to where they were needed—often a thankless task—resisting or trying to resist demands from the Sector Medical Staff that they should be allowed to join the fighting services.

At the end of the war Johnston returned to Guy's as Superintendent but not, alas, to the Superintendent's House which had been burnt down in 1941. Much work awaited him. The College had been partially destroyed, all the wards in Guy's House had been empty since 1939 and there was much war damage. The one bright feature was that the financial stringency of 1938 with fears of impending bankruptcy has been replaced by handsome, almost lavish, payments from the Ministry which were given to bridge the gap between the voluntary system and the National Health Service. This enabled Johnson to introduce amenities unknown in the days when Guy's was a Voluntary Hospital, such as lights over beds, adequate bathrooms and lavatories in the wards, and a reconstructed and efficient X-ray Department, to mention only a few items.

When the National Health started in July, 1948, Johnston had reached the age of 65 and retired, his place as Superintendent having been taken by Mr. W. D. Doherty, who for some two years had been Deputy Superintendent.

After his retirement Johnston was active both physically and mentally for at least ten years. He was a Governor at Guy's where

his experience made him a valuable member of Committees. In addition, he was for several years Chairman of the Bermondsey and Southwark Hospital Management Committee. Much of his time was taken up with Anatomy and he edited the Centenary Edition of Gray's Anatomy, a classic among medical books. To celebrate the Centenary the publishers gave a dinner at which the Professor made an excellent speech. His smaller book, Regional Anatomy, continued to help many students to defeat the examiners.

For some 18 months Johnston's health was showing signs of deterioration and on 6th October, 1960, he had a stroke and never recovered consciousness. He had often expressed the hope that his end would be a rapid one and fortunately it was so.

He never married and lived in a flat within a few yards of Guy's until he took over the Superintendent's house. He was an epicure and a good judge of wines, particularly Hock. His numerous friends will always remember his delightful hospitality. After his retirement he took long holidays in South America where he enjoyed the sunshine and bathing.

Before the war most years he travelled with friends on the Continent or in Scotland. He was a frequent week-end visitor at Huntercombe Golf Club where particularly at Christmas there was always a merry party. Affectionately known as "The Dean", "Johnny" or "T.B.", he quickly gained the friendship and trust of Lord Nuffield, who appointed him a Trustee of the Nuffield Trust at Oxford.

"Johnny" always enjoyed life to the full. Fond of comfort, perhaps almost of luxury, he was extremely generous and when he entertained guests nothing but the best was good enough. He was an enthusiastic player of squash and tennis until an age when most have given up active games. Cricket he liked to watch and he was a loyal supporter of Guy's Rugger. For many years he organised a Staff v. Students tennis match. A steady but not outstanding golfer he thoroughly enjoyed his good shots, while the not so good passed unnoticed. Always cheerful he was able to cast off the cares of office at a moment's notice, though able to pick up the threads instantly. His friends, and there must be many hundreds, will always retain happy memories of him.

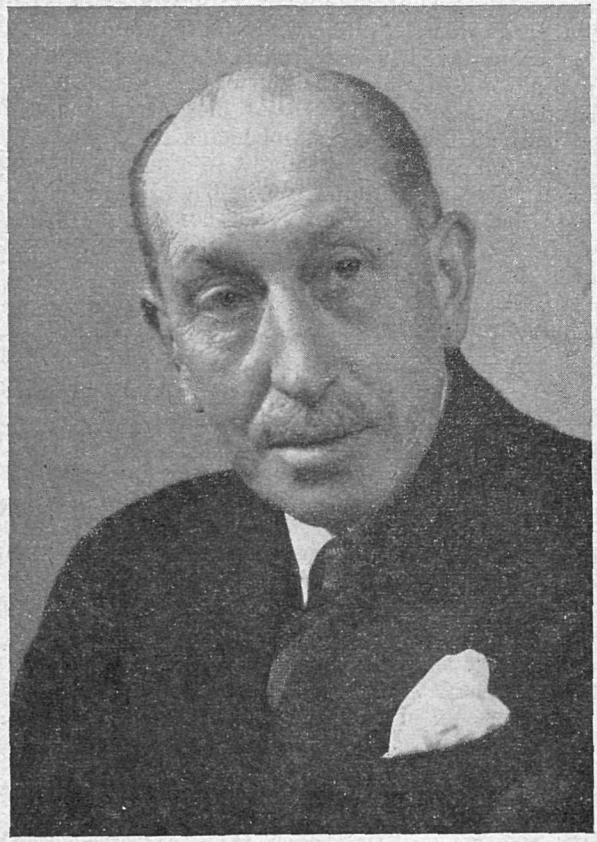
J.J.C.

Miss Emily MacManus writes :—

. . . The news of the death of Professor T. B. Johnston has deeply grieved me. You will receive many tributes to his life and work—mine will be brief. During his period as Superintendent of Guy's Hospital in peace-time England, I, as Matron of the Hospital, found in him a wise Counsellor and a good friend—with whom I worked in perfect harmony.

When the war years came—1939-1946—and we moved to Boundary House, Orpington, he as Hospital Officer for Sector X in the Emergency Medical Services—I as the Sector Matron, learnt fully of his hidden greatness. He could blaze with fury at misdeeds or gross stupidity, yet, with his deep understanding of human nature, he could temper the wind to the shorn lamb. As he went about the sector visiting its many hospitals and units he observed or listened with Scottish caution, gave advice in difficulties or generous commendation of good work. So much

had to be improvised. In his office were held all the threads of that complex organisation the Emergency Medical Service—delicately balanced between the Ministry of Health, the local or County Authorities and many individuals, and through him and his close colleagues that balance was well maintained—no easy feat. But when disasters were common occurences and things were at their worst I came to know him best. Calm and courageous, quick to act and send out necessary help throughout the Sector, instant in clear judgment—kindly and humorous. He was ready with advice when I needed it in the many emergency nursing problems that arose. He gave strength to me—and to many others, I am sure. I honour his memory.



AN APPRECIATION

HAROLD ROBERT BLACKWELL FENN, F.D.S., D.D.S.

On 30th September, 1960, Professor Fenn retired from the active Staff of the Dental School. He was a popular colleague and teacher whose absence will be greatly felt.

His undergraduate training was obtained at the University of

Liverpool but it was interrupted by the First World War. Volunteering for the Infantry he saw service in the Dardenelles before being invalided home. Returning to Liverpool he graduated L.D.S. in 1919 and continuing his studies at the University of Pennsylvannia he obtained the D.D.S. in 1920. Between 1926 and 1935 he was Honorary Dental Surgeon to the Liverpool Heart Hospital and the Liverpool Dental Hospital and as Lecturer in Dental Prosthetics and Mechanics to the Dental School between 1931 and 1935 he established the reputation which led to him being invited to occupy the first Chair in Dental Prosthetics at London University (tenable at Guy's) in 1935.

During the Second World War when the Medical and Dental Schools evacuated to Tunbridge Wells, Professor Fenn became Warden of the Students' Hostel at Sherwood Park and it was during this period that he particularly endeared himself to generations of Guy's men. In addition to running the Hostel he was Second in Command of the Home Guard contingent and his enterprise in the field of agriculture provided welcome supplements to the war-time rations. He has always taken an active interest in students affairs and he was the inaugural President of the Motoring Club.

In 1948 the Royal College of Surgeons conferred the Diploma of the Fellowship in Dental Surgery on Professor Fenn in recognition of his contributions to Dental Surgery.

We all offer our best wishes to Professor and Mrs. Fenn for a long and happy retirement.

D.J.N.

NOTICE

ASSOCIATION OF BRITISH PAEDIATRIC NURSES

Lectures to be held at the Evelina Hospital for Children, Southwark Bridge Road, London, S.E.1, at 7.30 p.m., on the following dates :

Thursday, 17th November	Dr. P. R. Evans, M.D., M.S.C., F.R.C.P., *Endocrine Diseases.*
Monday, 16th January, 1961	*Spastics* (full details not yet available).
Thursday, 16th February	Dr. Trevor Mann, M.D.—*Cold Babies.*
Monday, 20th March	Dr. A. G. Caws, Health Education Department, Battersea College of Technology — *Child Psychology.*
Thursday, 20th April	Dr. Brian H. Kirman M.D.—*Research into Mental Deficiency.*
Monday, 15th May	Dr. L. Haas, M.C.—*Exchange Blood Transfusions.*
Thursday, 16th June	Symposium: *Needs of Sick Child.* By Health Visitor, Ward Sister and Almoner.

Light refreshments will be served at 7 p.m.

Fee for full course 25*s.* 0*d.*—Ticket interchangeable.

Fee for single lecture 3*s.* 6*d.*

Application for tickets to Miss E. Kilpatrick, Hon. Secretary, Association of British Pædiatric Nurses, Queen Elizabeth Hospital for Children, Banstead Wood Surrey.

The Department of Paediatric Research

It is strange to discuss the future development of any department without the problem of finance overshadowing all else, yet Professor Polani is in the enviable position of being able to do so. The National Spastics Society has promised £2,000,000 over the next eight years (for comparison New Guy's House is costing rather more than this amount), and the first instalment of £100,000 was handed to the Dean some weeks ago.

The Professor's problems are two-fold: accommodation and staff. Plans have been drawn up to convert the Down's warehouse, adjacent to the old courtyard, into premises for the Paediatric Research Unit. The plans are out to tender, and by March, 1960, the building should be in use, housing laboratories, a library, and an animal house; the offices will remain Keat's House. At present the Professor is allocated ten beds in *Diplock*, whether he will have more in the proposed new Tower Block remains to be seen. Though he would not comment on this, most people would be surprised if the new building did not devote one or two floors to the Paediatric Unit, particularly as the money is available. Whilst the trapping of cases by the clinician is the essential first step of any medical research, the number of beds will not be an immediate problem. The unit has enjoyed the closest association and help from the staff of the Department of Child Health, and Professor Polani is only too ready to admit that the future work of his unit will rely still upon them for much clinical material and stimulus.

After the problem of accommodation, which next year will have a temporary solution, comes that of staff. The present staff can be expected to form the nucleus of the enlarged unit. Some will hold official University appointments, many jobs will be specifically endowed by the Spastics Society, and in addition there will be room for a fluctuating population of workers who will come to Guy's temporarily for shorter or longer periods. There will be four main sub-groups: The 'Cytogenetic' staff, which is fortunate in having John Hamerton and a familiar team already in operation, an 'Immunological' section, who will approach the possibility of auto-immune reactions causing brain damage, a 'Biochemical' group, and a 'Pure Experimental' unit which will embrace almost everything left out by the other three (The problem of retrolental fibroplasia is to be attacked by investigating the effect of hyperoxia upon immature animals).

The expanding unit will bring many new research workers to Guy's. It is easy to know the workers in a particular field: it is less easy to attract new people to research work. Research in Britain has always relied to some extent upon the work of married women, for whom general medical practice may be too time consuming and yet who may find it possible to combine running a home with successful research work. Dr. Alison McDonald who does epidemiological work for the unit is such a person. However, it is in an effort to

attract new people, and some Guy's men, into research that the Professor intends to make facilities and guidance for clinical research available to students and junior staff.

As a part of the University and the Hospital, the officers of the Unit will have teaching obligations. Professor Polani will continue to give lectures to clinical students. Apart from this, the Unit could become an elective appointment in a revised system of clinical study. One effect the Unit will have ultimately is to make many more paediatric beds available in the Hospital.

The aims of the department will not be limited. The staff is fortunate that the Spastics Society was wise enough not to confine them in any way. The work will be on all Paediatric problems, and will change accordingly with the times. Today the main problems are Neurological Disorders including cerebral palsy and mental deficiency, Congenital Malformations, Psychiatric and Behaviour Problems, and the Tumours peculiar to children such as Wilm's tumours and leukaemia.

The opportunities are vast, and for the benefits that will ensue from the research the National Spastics Society will have much credit. Meanwhile many Guy's men will quietly be saying thank you to those who, either by example or persuasion, encouraged the officers of the Society to put their faith, to the extent of £2,000,000 in the future of the Unit so making possible the establishment of the first Professorial Unit of Paediatric Research in the world.

The New Professor

Professor Polani was born in Trieste in 1914. He studied at Sienna before taking an M.D. at Pisa with honours in Physiology. After a short spell as a ship's surgeon in the Merchant Navy he settled permanently in England in 1938, and began his association with Guy's soon afterwards. Working during the war as House Surgeon , and later as R.S.O. at the Evelina, he worked for some years under Mr. Wass. In the early post-war period, Dr. Ellis (now Professor of Child Health at the University of Edinburgh), persuaded him more completely into paediatrics, and after taking Membership in 1948 he became a research fellow in paediatrics to the Department of Child Health at Guy's. Later he became assistant to the director of the Department, and in 1955 was appointed research physician on cerebral palsy to the National Spastics Society, becoming director of the unit at Guy's three years later.

His early work upon cholinesterases in nerve fibres was followed by the now famous work on Kernicterus and other types of cerebral palsy. More recently he has been prominent along with the Department of Endocrinology in the discovery of chromosomal abnormalities in conditions ranging from Mongolism to Turner's Syndrome and Kleinfelter's Syndrome.

OBITER DICTUM

MR. WASS : *To his former assistant, Dr. Polani, when the latter gave up Surgery.*

"So you're settling for a middle aged woman's job."

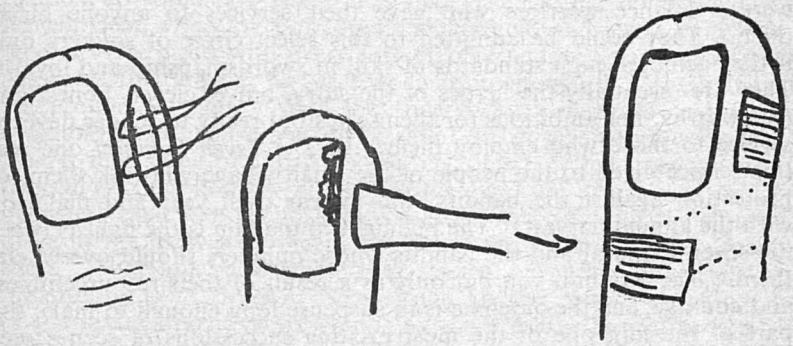
A Treatment of Ingrowing Toe Nail

By A. S. WOOLSTONE

As a student and later as First H.S. to Lambrinudi I was always impressed by the beautiful simplicity of his approach to a problem.

The treatment that he recommended for ingrowing toe-nail is an example, firstly he realised that the condition was caused by friction of the nail on the nail fold and often subsequently aggravated by removal of the corner of the nail, thus allowing further encroachment of the nail fold onto the nail, until ultimately a painful septic granulating area was produced. Lambrinudi solved this problem by pulling the nail fold away from the nail. This he did by removing a wedge of skin lateral to the nail fold and then suturing the cut edges, and by doing this an excellent result was obtained.

Over the years I have developed a technique based on the same principle, only I find that it is possible to pull the nail fold away from the nail with adhesive plaster



(*a*) (*b*) (*c*)

a). *Lambrinudi method.*

b). *Adhesive plaster applied to nail fold under tension.*

c). *Method of making traction, adhesive plaster passing under toe and fixed to dorsum.*

Recently I have found that a dumbell adhesive suture does this job very well. It is fixed to the nail fold and then traction is applied and the plaster passed under the toe. Traction being thus maintained, and fixed to the dorsum of the toe. With the granulation tissue exposed and free from friction, a dressing of choice can be applied. I favour one of the antibiotic ointments and I have found that healing will take place very rapidly.

By employing this method it is possible to cure even the most severe case in a matter of weeks. To overcome any difficulty in getting the plaster to stick plastic skin can be applied to act as size

Medicos Look At . . .

A season of Japanese films has begun at the Everyman in Hampstead and two films from that country are due to be shown at the London Film Festival during October and November at the National Film Theatre. It seems odd that the Japanese cinema was practically unknown in Britain until ten years ago and yet in 1957 according to a Unesco report there were 443 feature films produced in Japan, a figure which exceeded those produced by the United States by 65. The tendency is to show only the best films abroad so that it may be misleading to judge Japanese films on the basis of the fifteen or twenty which have been seen here. What is certain is that of these many are outstanding—*Rashomon*, *The Rickshaw Man*, *The Seven Samurai*, *Living*, *The Lower Depths*, *The Gate of Hell*, *The Burmese Harp*—and anyone who would like to see something new and stimulating at the cinema will find these films of great interest.

After seeing several of them two outstanding impressions remain. In one group, the best example of which is *The Seven Samurai*, the story is about a period which is long past, and the film may be thought of as the Japanese version of our adventure story. The Samurai were free-lance warriors who gave their services to anyone hiring them. They could be admitted to this select circle of soldiers only if they achieved high standards of skill in swordsmanship and loyalty. They are essentially the heroes of the story, brave, clever, honest and trustworthy, not ambitious for themselves but ready to render devoted service to those who employ them. In *The Seven Samurai* one sees this service given to the people of the small village who ask them for protection against the bandits who appear each year and make off with the annual harvest. The highlight of the film is the fight between the seven Samurai and the bandits whose numbers should overwhelm them. The Samurai win but only as a result of their resourcefulness and courage, and the outcome is in suspense long enough to make this part of the film one of the most exciting successions of scenes seen on the screen. Perhaps it is a little bloodthirsty and too realistic, but that is a minor criticism.

There is, however, another aspect of the film which is seen at the end, and in the earlier parts. The gathering together of the Samurai to form the group introduces each one as a different character, with a particular emphasis on the striking differences between the noisy, extroverted clown and the silent, introverted stoic. They are united, however, in the obligations laid on them because they are both Samurai. Finally, it should be said that the general theme that the people of the village should not give way to the threats of the robbers but should fight them is given its due emphasis. *The Gate of Hell* is also about Samurai but it is much more a study of thwarted love. It won the Grand Prix at the Cannes Film Festival in 1954 and was described as the "loveliest film" in the *Times* and *Observer*. Its colour is wonderful and some of the scenes beautiful, but it is slow and almost tedious—characteristic of what the writer often refers to

as "a critic's film". It also seems to be rather bloodthirsty, a criticism which can be levelled against the film about a changeling prince.

The other impression one takes away from the better Japanese films is the ability of their script writers and directors to probe deeply into the psychology of some of their characters and also of human beings in general, and to present aspects of Japanese social life which need ventilation and reformation. *Rashomon*, whose opening shots of the woodcutter trotting through the forest will remain one of the finest examples of photography, is a study of how each of four people involved in the same incident tells what happened in such a way that what they did was if not noble at least excusable and what the others did was unworthy and even criminal. This is a subtle study of individual psychology and motivation which could leave an unpleasant impression, but the director does not end the film in this way. The poor woodcutter in spite of his defects of character, is seen taking home an abandoned baby because basically he is kind and humane and not a petty thief and liar.

In *Living* we see bureaucracy and toadying to one's superiors satirised. The leading character is a man who because of cancer has only six months to live. He works in a local government office where ordinary people are shuffled to and fro between different officials who postpone decisions and whose main aim is to refer anyone who comes to them to somebody else. This man decides that come what may he will clear a site for a children's playground and get it built before he dies. He meets with every sort of obstruction, delay and attempts at procrastination but he succeeds in overcoming all of these and the playground is built. After the funeral his colleagues and friends assemble in his house and drink saki. (This give one a remarkable insight into some of Japan's social customs.) When they get drunk they all become honest—*in vino veritas*—and are determined to carry on where their late friend left off but the last shots of the film take place in the local government office and are a repeat of the opening shots. They are back where they started. Another film deals with prostitution (*The Street of Shame*) and another with a shocking case of the maltreatment of six youths by the police. The latter is a film of what was actually a judicial scandal which had not been remedied when the film was made.

These films tell us a great deal about the Japanese. Their historical films give an insight into some aspects of their character which were revealed particularly during the last war and to some extent are being changed. Some of the other films show that certain social problems are world-wide. The more modern give us information about Japanese social customs, for example how they live and the position of women in their society. We know little enough about people who live thousands of miles away and there are few opportunities to see their art. The cinema is probably the only direct cultural medium, which, providing the films are given suitable captions or dubbing, is available to millions of people throughout the world. That is the final reason, in addition to their intrinsic merit, why many Japanese and other foreign films are worth a visit.

CORRESPONDENCE

Letters to the Editor of the Gazette

Compulsory Lectures

SIR,—I have always thought Sir John Conybeare to be infallible about anything that has happened at Guy's since he made his first appearance at the Hospital in a very battered old car in 1913, but surely he has at last made a mistake in saying that 'Com' used to take the names of the students at the morning lectures. Unless my recollection is wrong it was Morley, of the wonderful memory for names and faces, who performed this task. 'Com' was the rather surly old commissionaire who spent his days in the dismal basement, always with a clay pipe in his mouth, who more or less kept an eye on our coats and lockers. I do not think that I am wrong in my facts and cannot but be rather tickled that although in a very minor matter of fact, I am able to correct my old friend 'Cony'.

Yours etc.,

E. D. SCOTT.

Jordans,
55, Palmeira Avenue, Hove, 3.

N.H.S. Dental Practice

SIR,—The correspondence in your columns on the difficulties which arise in coping with the N.H.S. regulations relating to dental practice, raise a number of points.

It has several times been suggested that students should have lectures on practice management and organisation, but in my view he already has quite enough to cope with and is unlikely to devote much attention to a subject which has no bearing on his final examinations!

Quite a lot of useful information can be picked up from the various books on practice management, although it can rarely be applied directly to one's own practice. I have found that it is only by constant personal attention to the details of day-to-day administration that enables one to build up a system which works with a minimum of errors.

However, there are two ways in which I think the dental schools could help, firstly, by arranging one or two lectures on the structure of the Health Service and an outline of its administrative procedures (perhaps given by someone from the Ministry of Health ?)

Secondly, it would be a great advantage if all the dental schools would adopt both the N.H.S. form of Dental Chart and the symbols used for conservative treatment. It would be a simple matter to add a diagrammatic 'root' to each tooth diagram if that should be thought necessary. The use of the terms MO, DO, MOD, etc., while useful clinically, are only confusing when it comes to the completing of health service forms, and it is much easier for one's staff to cope with if one sticks to the N.H.S. symbols both on the treatment Record Cards as well as the E.C.17's.

Yours etc.,

PETER READINGS.

Maycroft, Chobham Road,
Woking, Surrey.

SIR,—Has Mr. P. F. Howe never heard of form E.C.25a, which is given away free by the Ministry of Health ?

Yours etc.,

P. KURLAND.

15, Ridge Avenue,
Winchmore Hill, London, N.21

"Specialist Subjects"

SIR,—Agreeing with Dr. Jacoby in his views on the "Specialist Subject" of Paediatrics, I should like to extend his argument by urging consideration for the "Specialist Subject" Geriatrics as nothing more than the study of applied adult medicine. The sequence is logical and the life-cycle complete for aged Human adults, if fed, clothed and cared for have an incredible habit of entering a second childhood !

Yours etc.,

S. M. VINE.

63, Kidmore Road,
Caversham Heights, Reading.

World Refugee Year

SIR,—The total collection for the World Refugee Year by the Guy's Hospital Students' Union was £961 5*s*. 8*d*. collected as listed below :

	£	*s*.	*d*.
Raffle	239	9	3
Dances	81	2	1
Auction	33	2	6
Donations	363	4	1
Busking by Guy's Jazz Band	124	9	0
Coin Circles	50	0	11
Starvation Lunches	62	2	2
Dr. D. Stafford-Clark's Tibetan Appeal	21	2	2
Total	£974	12	4

Expenses :	£	*s*.	*d*.
Cost of Drinks sold at Nurses' Dance	7	6	8
Cost of Raffle Tickets	6	0	0
	£13	6	8

We wish to take this opportunity to express our heartfelt thanks to all who donated to this fund and enabled us to attain this impressive total; also to those who put much time and effort into the organisation of the scheme, and to those who made it possible to carry out.

Yours etc.,

E. J. N. CHATER,
Chairman, Guy's Hospital Students' Union.

Guy's Hospital, S.E.1.

REVIEWS

Anaesthetics for Medical Students. By G. OSTLERE and R. BRYCE-SMITH. 4th Edition. *Price* 12*s*.

That this new edition is the sixth printing in eleven years reflects the deserved popularity of this book. A most satisfactory introduction to the theory of an essentially practical speciality is combined with an admirably reasonable cost.

The content of each chapter is well laid out, with many paragraph headings for easy reference. The whole substance may be learned in an evening or two, which will particularly commend the book to senior students, facing examinations long after finishing the appointment in anaesthetics.

Emphasis is suitably laid on the many dangers with which amateur anaesthetics may be fraught: dangers which the student is rarely allowed to encounter. Perhaps the anecdotal style and lapses into humour might advantageously be sacrificed for still greater brevity.

J.M.

Active Alerted Posture. By W. E. TUCKER. E. & S. Livingstone Ltd. 1st Edition. *Price* 10*s.* 6*d.*

Mr. Tucker's thesis in this little monograph is that correct posture is not only of vital importance in maintaining bodily health and efficiency; it is also "an attitude of mind towards the body." The adoption of "Active Alerted Posture" will not only reduce accidents in industry and sport, but will contribute to warding off many of the degenerative diseases to which man is prone.

The book is intended chiefly for general practitioners in the hope that they may instil into their patients an awareness of the importance of posture. It is presumably also intended for a wider public, since the chapter on muscle physiology is somewhat elementary for a medical reader.

The sections on the mechanics of posture and analysis of movement in relation to posture are the most successful, particularly where the author draws on his wide experience of athletic injuries. Elsewhere the book suffers to some extent from repetition and a tendency to over-statement.

Mr. Tucker is an enthusiast and develops his thesis with an enthusiasm that at times may seem to carry him too far—to quote from page 58 "Active Alerted Posture, in which a person becomes conscious of his every action, can indeed form the basis for a new conception of life. The individual learns to appreciate everything that is happening around him; in learning to alert himself he becomes more aware of the needs of others. Mentally this leads to a more altruistic approach to living."

On closing the book one almost feels that Mr. Tucker's postural types have achieved the status of *dramatis personae*—the paragon Active Alerted Posture, with "navel press-buttoned to spine and buttocks pinch-proof", the master of his fate, while Inactive Slumping Posture pursues a sort of Rake's Progress to premature decrepitude.

In spite of minor criticisms, however, it is only fair to say that the author's style makes a greater impact than that of the usual more formal treatise; he has performed a valuable service in re-emphasising the importance of posture in our life.

I would recommend practitioners not only to read it, but to leave it on their waiting room table.

B.H.B.

Chemical and Molecular Basis of Nerve Activity. By DAVID NACHMANSOHN. Academic Press. Pp. 235. *Price* 60*s.*

The author is a biochemist who has for twenty-four years been investigating the role of acetylcholine in nerve activity. This monograph summarised these researches; its principal thesis is that an acetylcholine system is essential for the generation of bioelectric potentials in all conducting membranes in the animal kingdom. This postulated acetylcholine system is largely intramembranous, and includes choline acetylase (and other enzymes concerned in the synthesis of acetylcholine), a storage protein for acetylcholine, a receptor protein and acetylcholinesterase. It is suggested that the combination of acetylcholine with the receptor protein produces the increase in sodium conductance that is manifested as the action potential. Hydrolysis of the acetylcholine allows the receptor protein to return to its former state thereby restoring the barrier to rapid ion movements.

The first twelve chapters describe the occurrence and properties of acetylcholinesterase, choline acetylase, and the receptor protein. Our knowledge of these owes much to Nachmansohn and his collaborators (most notably I. B. Wilson, whose analysis of the active site of cholinesterase and subsequent designing of an antidote to the organophosphorus cholinesterase inhibitors is a biochemical classic). Experiments designed to test the hypothesis outlined above using a detailed knowledge of the properties of these enzymes are described. A wide range of biological preparations is used; one of the most valuable is Schoffeniels' isolated electroplax from the electric eel. The final chapters review the problem, and include some striking criticisms of assumptions commonly made in research on neurohumoral transmission.

This book is clearly written and well produced; its conclusions will excite much controversy and are unlikely to be widely accepted on the basis of the evidence so far presented. This evidence tends to be more acceptable to biochemists than to physiologists—too many distinctions highly cherished by physiologists have been blurred by the author's generalisations. However, he has backed the winning side in several previous disputes and may well prove right this time.

B.S.M.

An Atlas of Human Brain and Spinal Cord Sections. By W. HEWITT. Pitman Medical Publishing Co. Ltd. 1st Edition. *Price* 5*s.*

This inexpensive pocket-sized atlas presents photographs of the surface appearances of seventeen serial slices through the whole human brain (coronal, horizontal and parasagittal) and through the brain-stem and spinal cord at ten traditional levels. Excellent contrast has been achieved with areas of grey matter and small blood vessels appearing black against a white background. Each photograph is clearly labelled and accompanied by a small line diagram indicating the level of section, together with a concise description not overburdened with detail.

Used as an additional text, and particularly when used with appropriate specimens this atlas should prove of considerable assistance to the medical student during the course of neuro-anatomy and during subsequent periods of revision.

P.L.W.

SPORT

RUGBY

Guy's v. Cambridge University

At Cambridge 8th October, 1960

Result—Lost 22-0

Guy's approached this fixture this year with more confidence than usual. It was felt that an already powerful pack of forwards, strengthened by the return of Blackwell and England's Derrick Morgan, would be equal to what Cambridge had to offer. Also the backs had proved themselves with U.S. Portsmouth the preceding week, so that although probably there were not many who believed Guy's would win, certainly the general feeling was that there was no reason why Cambridge should gain an easy victory. In retrospect it was obvious that two factors had not been taken into account. Firstly, it had been decided before the game, that Guy's should concentrate throughout on tight defensive tactics, not venturing into attack until well into the Cambridge half. Although for the most part this was successful, these tactics were adhered to too rigidly and besides providing dull stuff to watch, Guy's never really looked like scoring. Secondly, there was the artistry of Waddell, Godson, Wade and Scotland in the Cambridge backs, and in some respects it says a lot for Guy's defence that their line was only crossed three times. Godson was to be seen everywhere and on more than one occasion his amazingly elusive running lost him contact, both with his own men as well as the Guy's defenders. Scotland gave a superlative display at full back and through his kicking scored 13 points himself.

From the first whistle, Cambridge leapt into the attack and Guy's supporters' hearts sank when after two minutes play, Michaelson went over from a line-out near the Guy's line. However, it was not until just before half-time that Cambridge scored again. Morgan was penalised in front of his posts and Scotland took the easy kick. During this first-half, Guy's were getting the ball cleanly from the tight scrums, but Thomas and Harding had the edge on Blackwell and Harris in the line-outs, and Nicholas was laying the foundations of what was to be a great game for him at scrum-half.

The second-half started in driving rain but a greasy ball did not deter the Cambridge backs from throwing the ball around and after ten minutes Godson cut clean through the defence to give a perfect pass to his wing Barber enabling him to score in the corner. Shortly afterwards a Guy's forward was penalised for being off-side in the scrum and Scotland put over another very good kick. Then Biggs, who had been playing a sound game on the wing, collided with Wade and went off with a gashed head. The pressure of Cambridge's attack was steadily mounting but the encouraging thing was the response this drew from the Guy's forwards who played very finely to a man and if anything were pressing at the end. Indeed, Leyshon narrowly missed scoring after a grand forward rush. However, Waddell was to score again for Cambridge and just before no-side, Scotland calmly dropped a goal.

Team : R. W. T. Myall; D. A. Biggs, J. D. Bryant (capt.), P. Ivanans, J. Leyshon; R. Hollingsworth, J. D. Nicholas; A. C. Knight, W. T. Treadwell, D. Richards; P. W. R. Harris, B. Blackwell, A. Lloyd-Edwards, D. Morgan, S. A. R. Cooke.

Guy's v. Bedford

At Bedford 15th October, 1960

Result—Lost 24-9

In this match against a powerful Bedford team, there were features of the Guy's play that were both encouraging and disappointing. In some aspects of the game such as tight scrummaging and forward rushes, Guy's clearly proved themselves equal to their strong opponents, and it was chiefly intermittent lapses in that most highly prized quality of any team—the determination to keep out one's opponents at any cost—that allowed Bedford to win by the handsome margin of 24-9.

Having learned the cost of a sluggish start the preceding week, Guy's started off at a brisk attacking pace and Ivanans nearly penetrated the defence, following a fumbled pass in the Bedford centre. Soon afterwards another opportunity of scoring was missed when Biggs failed to gather an awkwardly bouncing ball with a clear run to the goal line ahead of him. In the early phases of the game the Guy's pack showed that their backs would be assured of an equal share of the ball from the tight scrums but in the line-outs the Bedford forwards had clear superiority giving a classical lesson in how effective good wedging can be. In contrast, Guy's were inclined to tap the ball back so that their halves were particularly harassed by the Bedford back row.

The first score came after twenty minutes when Guy's won the ball from a scrum on their line only for Boyd's pass to Ivanans to go wild, allowing the ever diligent Rogers to touch it down. Drury missed an easy conversion. Bedford then scored again immediately from the kick-off simply by passing the ball down the back-line and running through the Guy's defence. Guy's then came back on the attack and as if to make amends for previous mistakes, spent the next ten minutes well inside the Bedford half. Bryant made two pretty runs and Lloyd-Edwards put in some sound defensive covering. However, Bedford gained another goal when Carter pounced on a loose ball near the Guy's line. Just before half-time, with the crowd urging the Bedford pack to take the ball on with their feet, it came hurtling out of a loose ruck, allegedly from the arms of Richards, for Biggs to gather beautifully and score in the corner.

Half-time score 13-3.

Guy's started the second half with determination and in five minutes had reduced the lead to 13-9 after two good penalty kicks by Biggs. There then followed some good hard rugby and it was at this stage, when Guy's spirits were high, that scrum-half Nicholas might have given rather more of the ball to his backs instead of kicking to touch. However, as it was, Bedford were yet to score a goal and two more tries. The first of these, which resulted from a fine three-quarter movement in which Greenlow was up covering to take the inside pass from his wing would have been difficult to stop, but the last two tries should surely have been prevented. Until Guy's learn to throw everything into their tackling, heavy losses such as this can be expected to recur.

Team : R. W. T. Myall; D. A. Biggs, T. D. Bryant (capt.), P. Ivanans, J. Leyshon; N. Boyd, J. D. R. Nicholas; A. C. Knight, W. T. Treadwell, D. A. Richards; P. W. R. Harris, J. Cook, C. Evans, A. Lloyd-Edwards, I. Baker.

HOCKEY

Guy's 1st XI v. South Saxons

At H.O.P. 8th October, 1960

Result—Won 4-3

After a poor start with a number of changes from last year's team, Guy's gradually settled down in this first fixture of the season. The defence with two positional changes and a new goalkeeper was unreliable to begin with and at half-time Guy's were trailing by 3 goals to 1, Blake having scored after about 25 minutes.

However, when the second-half began Guy's settled down very well and there was some excellent cross passing from the halves and backs and the defence at last began to look solid. In fact South Saxons only managed two shots at goal in the second-half. The forwards began to move the ball around well and the goals began to come. In the last 20 minutes with Guy's completely in command Blake added a further goal and Robertson and Cader made the total four to give Guy's a well earned victory. The excellent recovery was due to a certain amount of fitness which we do not often see at this stage of the season.

Team: M. Crowe; J. Sedgwick, R. Lallemand; R. Strickland, M. Conybeare, M. Steyn (capt.); R. Gumpert, M. Blake, Robertson, Z. Cader, P. Hilliard.

Guy's 2nd XI v. South Saxons

H.O.P. 8th October, 1960

Result—Won 1-0

Guy's 1st XI v. Romford

H.O.P. 15th October, 1960

Result—Won 4-1

In this match which for the first 15 minutes was played in heavy rain, Guy's started very well and it looked as if goals would be very quick in coming. The forwards moved the ball around well amongst themselves and the halves and backs were completely in command. However, many chances were squandered and at the interval Guy's were only leading 1-0 from a very find goal by Blake.

In the second-half Guy's were still in command until an unfortunate incident which led to a penalty bully. Romford failed to score from this but the Guy's side were unsettled and gradually lost the upper hand. There was a period of 15 minutes when Romford were on top and they equalised. However, as in the previous match fitness again told and there was a magnificent recovery by Guy's. Cader, Glynn and Liddiard each added to the score mainly due to some very good following up and Guy's left the field with a deserved 4-1 victory to their credit.

Team: M. Crowe; J. Sedgwick, R. Lallemand; R. Strickland, M. Conybeare, M. Steyn (capt.); R. Gumpert, M. Blake, D. Glynn, Z. Cader, P. Liddiard.

Guy's 2nd XI v. Romford

At Romford 15th October, 1960

Result—Won 2-1

SWIMMING

London Inter-Hospitals Physiotherapy School Gala, 21st September, 1960

Guy's Hospital won the Angrove Cup for the Medley Relay, and were joint winners with St. Mary's Hospital of the London Branch (C.S.P.) Cup for the team with the most points in all events.

Team: B. Higgins (Captain), S. Allen, S. Bates, I. Cooper, J. Cutler, S. A. Lund.

GUY'S HOSPITAL MOTORING CLUB

RALLY

On Saturday, 29th October

Start : The Downs Hotel, Epsom, at 6 p.m.
Finish : Tadworth.
Distance : 60 miles approximately.
Map : 170.
Equipment : Roamer, Pencils, Torches.
Entries : To J. Neale, c/o Front Lodge, 5/- per car. 7/6 at the start.

The rally will be on made-up roads and will not involve high speeds.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar in Thoracic Surgery** with duties commencing as soon as possible after 1st January, 1961, until 30th September, 1961, in the first instance.

Forms of application are obtainable from and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **29th October, 1960.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited from fully registered practitioners for the TWO following Resident Posts, each for six months from 1st December, 1960. Both appointments are recognised for the D.C.H.

House Physician (with some Casualty Duties).

House Surgeon (in addition to general surgery, experience includes E.N.T., Orthopaedic and accident work as well as repair of congenital deformities. Some Casualty Duties).

Candidates should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials to the Hospital Secretary by first post on the **31st October, 1960.**

APPOINTMENTS

Since the publication of the Hospital Staff appointments in the issue of 24th September, 1960, the following alterations have been made:

Junior Medical Registrar	
Dr. Hardwick and Dr. MacLean	Dr. J. Payan
Asthma Clinic	Dr. D. A. Lillicrap Dr. J. Payan

GUY'S HOSPITAL MEDICAL SCHOOL

Entry of Clinical Students

October, 1960

Adams, C. B. T.	Cheltenham College; Pembroke College, Cambridge.
Bernard, J. R.	Clifton College, Bristol; St. John's College, Cambridge
Chantler, C.	Wrekin College; Shropshire St. Catharine's College, Cambridge
Foster, F. H.	Stowe School, Bucks; Trinity College, Cambridge
Garstang, C. N.	Bryanston School, Dorset; Magdalene College, Cambridge
Kennedy, R. I.	Epsom College, Surrey; St. John's College Cambridge
King, D. S.	Greshams School, Norfolk; Trinity College, Cambridge
Kumar, R.	Epsom College, Surrey; Corpus Christi, Cambridge
Latham, J. M.	Dean Close, Cheltenham; St. Peter's Hall, Oxford
Milner, A. D.	Merchant Taylors', Middx; St. John's College, Cambridge
Navab, F.	Canford School, Dorset; Jesus College, Cambridge
Norman, W. A.	Marlborough College, Wilts.; Sidney Sussex College, Cambridge
Pearson, M. C.	Oundle School, Northants; Downing College, Cambridge
Richmond, D. J. H	Leighton Park School, Berks; Pembroke College, Cambridge
Russell, A. S.	Newcastle Royal Grammar School; St. John's College, Cambridge
Shepherd, J. B. M.	Malvern College, Worcs; Queen's College, Cambridge
Smith, B. D. O.	Dulwich College; Queen's College, Cambridge.
Williamson, D. B. MacG.	Applegarth School, Surrey; St. Peter's Hall, Oxford
Wood, S. M.	Oundle School, Northants; Corpus Christi, Cambridge

---

PASS LIST

UNIVERSITY OF LONDON

General Second Examination for Medical Degrees

September, 1960

V. Tanboonrithi

Academic Postgraduate Diploma in Public Health

September, 1960

Joyce D. Wade

ROYAL COLLEGE OF SURGEONS OF ENGLAND

D.F.A.

C. Bishop — B. R. P. Murray

F.D.S.

C. P. Briggs

CONJOINT BOARD

D.T.M. and H.

W. R. O. Egginton — R. J. Read
N. W. Nicholson

D.C.H.

B. L. Dodson — D. J. Sills
J. D. Miller

L.R.C.P., M.R.C.S.

First Examination

September, 1960

Anatomy

P. E. Heywood — Julia A. S. Rice
R. J. Parker

Physiology

K. M. Burshan — P. E. Heywood
A. G. Child — Julia A. S. Rice

Pharmacology

M. F. Bradshaw — D. M. Lewsey
B. Donovan — R. W. Penny
K. G. C. Evans — Mary R. Ramsay
A. G. Gilchrist — J. M. Robertson
D. L. Hall — D. Sarson
J. M. S. Hayfron-Benjamin — Jennifer S. Shewan
C. J. Hughes — M. J. Tarlow
S. J. L. King — Norma L. J. Williams

NURSING NEWS

Entered :
Staff Midwife A. Cundy to *Victoria.*
Staff Nurse R. Cautley to *Maudsley Hospital.*
Staff Nurse C. Robert to *Evelina.*
Staff Nurse M. Jones to *Evelina.*
Staff Nurse W. Matthews to *Nuffield Theatres.*

Left :
Sister B. A. White, *Matron's Office.*
Charge Midwife Paterson, *Saloman's Centre.*
Staff Nurse G. Budgeon, *Radiotherapy.*
Staff Nurse Sewell, *Job.*
Staff Nurse de Cocq Conti, *Evelina.*
Staff Nurse Hickson, *Evelina.*

Study Leave :
Sister Jowett from *Matron's Office.*
Sister Watson from *William Gull.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

REQUIRED

FLAT (Furnished) Required, 2 Bedrooms and usual offices. N.W. London. Box No. 299.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Bret-Day, R. C. Secretory Cyst of the Maxillary Antrum Presenting with Oral Symptoms. *Brit. dent. J.*, 1960, **109**, 268.

Butterfield, W. J. H., Whichelow, M. J., Wright, P. H. and another. Hypoglycaemic Response to Leucine in a Leucine-sensitive Man. *Nature*, 1960, **188**, 70.

Clarke, C. A. Advances in Medicine. *Practitioner*, 1960, **185**, 393.

Epstein, S. S. Effect of Some Benzimidazoles on a Vitamin B_{12}—requiring Alga. *Nature*, 1960, **188**, 143.

Fry, John. What Happens to Patients with Some Common Diseases. *Nurs. Mirror*, 1960, **110**, 2367.

Kark, Robert M. and others. Quantitative Histochemistry of the Nephron. II. Alkaline Phosphatase Activity in Man and Other Species. *J. clin. Invest.*, 1960, **39**, 1372.

Kark, Robert M. and others. Quantitative Histochemistry of the Nephron. III. Lactic Dehydrogenase Activity in Man and Other Species. *J. clin. Invest.*, 1960, **39**, 1381.

Kark, Robert M. and others. Quantitative Histochemistry of the Nephron. IV Alkaline Phosphatase and Lactic Dehydrogenase Activities in Renal Tubular Diseases. *J. clin. Invest.*, 1960, **39**, 1386.

Kark, Robert M. and others. Quantitative Histochemistry of the Nephron. V. Alkaline Phosphatase and Lactic Dehydrogenase Activities in Lupus Nephritis. *J. clin. Invest.*, 1960, **39**, 1394.

Lorber, John. Discussion on Hearing and Speech Defects in Childhood. Congenital Absence of the Corpus Callosum. *Proc. R. Soc. Med.*, 1960, **53**, 785.

MacLean, K. S. Advances in Antibiotics. *Practitioner*, 1960, **185**, 483.

Morrant, G. A. and another. The Development and Application of Modern Methods in Cavity Preparation. *Brit. dent. J.*, 1960, **109**, 251.

Northfield, D. W. C. Symposium on Orbital Undercutting. The Past and the Future. *Proc. R. Soc. Med.*, 1960, **53**, 740.

Williamson, A. W. R. and another. Norepinephrine Sensitivity of Isolated Rabbit Aorta Strips in Solutions of Varying *p*H and Electrolyte Content. *Amer. J. Physiol.*, 1960, **198**, 1157.

CHANGES OF ADDRESS

Frank Cook, F.R.C.O.G., 25c, Lansdowne Road, Tunbridge Wells, Kent. (Tel. Tunbridge Sells 22038).

A. T. T. Forrester, M.R.C.P. P.O. Box 849, Kisumu, Kenya. (Tel. Kisumu 170).

I. P. James, M.A., M.D., D.P.M., 108, Davies Road, Claremont, Western Australia. (Tel. 3.3890).

BIRTHS

BAKER.—On 24th September, 1960, at Pembury Hospital, to Kathleen (née Harnett), S.R.N., wife of Raymond D. Baker, L.D.S.R.C.S., a daughter (Alison Louise), a sister for Nigel and Ian.

CARTON-KELLY.—On 4th October, 1960, at the County Hospital, Hereford, to Stella (née Rash), wife of P. S. Carton-Kelly, M.R.C.S., L.R.C.P., a daughter (Petrea), a sister for Philippa, James and Andrew.

FROST.—On 21st September, 1960, at Ndola, Northern Rhodesia, to Judith (née Lamb), M.C.S.P., and Philip Frost, B.Sc., M.B., a daughter (Evelyn Alice), a sister for Joanna.

HAWORTH.—On 3rd September, 1960, at Tangier House, Burgh Heath, to Jill (née Warder), M.C.S.P., and J. D. Haworth, L.D.S., a son (Jeremy Peter Bentley), a brother for Richard and Anne.

HOPE.—On 30th September, 1960, to Mary and Humphrey Hope, M.B., B.S., L.D.S., a daughter, sister for Carol.

KING.—On 1st September, 1960, to Ann and Russell King, B.D.S., a son (Christopher Julian).

NEVILLE.—On 18th September, 1960, at St. Mary's Hospital, Eastbourne, to Ruth (née Wood), and Richard Neville, M.R.C.S., L.R.C.P., a son (Christopher), brother for Susan and Stephen.

PATON.—On 13th August, 1960, at Bridgwater, Somerset, to Dawn (née Wood), S.R.N., and Alexander Francis Paton, a daughter.

SMITH.—On 4th August, 1960, at the Maternity Hospital, Colchester, to Joan (née Loveless), S.R.N., and Roydon Smith, a daughter (Jennifer Susan).

VALENTINE.—On 8th October, 1960, at the Women's Hospital, Nottingham, to Catherine Mary (née Birtles), S.R.N., and Anthony S. Valentine, M.B., B.Chir., a daughter (Alison Mary).

MARRIAGE

MORRISON—HARLAND.—On 17th September, 1960, at St. John's Church, Cleckheaton, Yorkshire, John Booth Morrison, M.D., to Olive Adelaide Harland, S.R.N.

DEATH

JOHNSTON.—On 8th October, 1960, Thomas Baillie Johnston, C.B.E., M.D., Professor Emeritus London University, of the Covert, Wood Drive, Chislehurst, Kent.

EDS. { D.N.L. / S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1886 *5th November* 1960 *One Shilling*

PASSIM

THE visit of Her Majesty Queen Elizabeth The Queen Mother on Tuesday afternoon was a memorable occasion for the staff and for the patients at Guy's. Her Majesty had come primarily to present the prizes to the Nurses, a task which she was prevented from doing last year by illness. It was a crowded Physiology Theatre that listened to her address and to the reports of Matron, Sister Stockdale, and Sister Falwasser which will be reported in the next issue. After the prize-giving there was tea in the Nurses' Home during which Her Majesty visited the various dining rooms speaking to many people before going across to Hunt's House. Although it was wet, cold and windy there was a large congregation in the Park to greet her. The visit to *Addison* Ward was long prearranged, (and had its disadvantages: patients discharged on the preceding two days being very bad tempered). The visit to *Mary* Ward was something of a surprise, and was arranged at the last minute so that she might visit two of the Royal Household staff who were under Dr. Mann's care. The excursion gave the patients, crowded about the staircase, a good opportunity to see her.

Her Majesty took great trouble to talk to a lot of people in the Hospital and to give everyone a chance to see her, and it was delightful to watch the way in which all at Guy's responded to her charm.

The annual list of addresses of the Hospital staff has been circulated, and is as usual good value for browsers. Always interested by the ultimate in relaxation, we were very happy to note that the name of the house of the Cardiac registrar is *Diastole*.

New Guy's House Open Day was a triumphant occasion and a joyful one. On behalf of the hundreds who enjoyed it we say thank you to those who made it possible.

After Mr. Lees Read's comprehensive articles it would be superfluous to enumerate its splendours, and as we hope to publish in the next issue a short article upon the design and decorative aspects of the building and its interior, we are including this week only an impressionistic view of the Open Day by one of the many who will number it amongst the best Saturday afternoon expeditions of their life.

Mr. D. J. Neill has been appointed Head of the Department of Dental Prosthetics following the retirement of Professor H. R. B. Fenn.

With Christmas only seven weeks away, potential producers of the Christmas Show are with customary modesty disclaiming all knowledge of it. However, we have heard all sorts of people offering their services as performers or helpers, with previous experience ranging from 'none' to 'several T.V. appearances'. Unfortunately there has been no sign of an organiser. The Christmas Show is a grand opportunity for the students to show how very much better they are at entertaining than the Residents; it will be a pity if they suffer from lack of a producer.

The show takes place on the evenings of Christmas and Boxing Days in the Out-Patients Hall. For successive years the auditorium has been encroached upon by more and more obstrusive cubicles and protruberances. Perhaps it is the prospect of battling with this year's challenger, the monstrous pseudo pillar, that is deterring producers. It must be something like that, for any producer will find that he has immense help and encouragement from all departments of the Hospital.

A preliminary Christmas Show meeting will be held at 1 p.m. on Thursday, 10th November, in the Quiet Games Room of the Students' Club. Anyone who may be able to help on or off stage, before or during Christmas, will be very welcome.

GUY'S DIARY

NOVEMBER			Exhibition. *Varicose Veins.*
7th	M	1.00	Mr. Gibberd. Clinical Lecture. *Placenta Praevia.*
8th	T	1.00	Mr. Blackburn. Clinical Lecture. *Carcinoma of the Stomach.*
10th	Th	1.00	Dr. Hardwick. Clinical Lecture. *Oedema, its Cause and Treatment.*
11th	F	1.00	Dr. Houston. Clinical Lecture.
12th	S		Rugby. Guy's *v.* Old Whitgiftians at Croydon.
12th	S	10.00	Surgical Departmental Round in the Clinical Theatre conducted by Mr. R. Turner Warwick of the Middlesex Hospital.
14th	M	1.00	Sir Russell Brock. Clinical Lecture. *Basic Principles in Cardiac Surgery.*
15th	T	1.00	Mr. Clarkson. Clinical Lecture. *Modern Trends in Plastic and Burns Surgery in the U.S.A.*
18th	F	1.00	Dr. Joiner. Clinical Lecture.
19th	S		Rugby. Guy's *v.* Rosslyn Park at Roehampton.
22nd	T	1.00	Dr. Evans. Clinical Lecture.

NOTICES

Guy's Science Club

The next meeting of the Guy's Science Club will be held in the Staff Common Room on Wednesday, 9th November, 1960, at 4.45 p.m. when an address on:—

" Osmotic Regulation of Gastric Emptying and Secretion ",

will be given by Dr. J. N. Hunt.

The Chair will be taken by Professor W. R. Spurrell.

Tea will be served in the Staff Common Room at 4.30 p.m.

J. GRIFFITH,
Honorary Secretary.

QUODLIBET SOCIETY

Meetings have been arranged for the following evenings.

November 10th MR. ELKAN ALLAN, who is the man behind the Independent Television programme "This Week" will speak on *The Captive Eye.*

November 22nd Mr. MALCOLM MACEWEN, who has left the editorial board of *The Architects' Journal* to become chief publicity officer to the Royal Institute of British Architects, will speak on *Must our Cities be a Mess.*

December 1st MR. CHRISTMAS HUMPHRIES, Q.C., who is President of the Buddhist Society of London, will speak on a topic connected with his beliefs.

The Quodlibet Society was formed three years ago to give medical students an opportunity to meet well known people outside the Profession, and to hear and discuss various topics in an informal way. It is open to all who work at Guy's as students, nurses or doctors. Meetings are in the Quiet Games Room in the Newcomen Street block and start at 8.00 p.m. A few can join the Speaker for dinner in The George Inn before the meeting. All who have not come before are urged to try this unusual and most interesting Society.

GUY'S HOSPITAL THEATRE CLUB

This autumn the production will be "I am a Camera", by John van Druten, Performances will be in the Physiology Theatre from Tuesday, 22nd November to Friday, 25th November, inclusive; there will be a public Dress Rhearsal on Monday, 21st November. All performances are at 7.30 p.m., *except* Wednesday, when the curtain will go up at 6.30 p.m. Tickets will be available from Monday, 7th November, either direct from the House Manager, Guy's Hospital Theatre Club, or at Smith's bookstall, 1-2 p.m. daily.

M. RAKE,
Hon. Secretary.

OBITER DICTUM

AN 80 YEAR OLD BERMONDSEY LADY IN ADDISON *on being told that she was to be presented to the Queen Mother* :

" Oh, I *am* honoured—I will put m' teeth in for her."

THE ROLE OF CASUALTY DEPARTMENTS IN THE HOSPITAL SERVICE

With Observations on the Casualty Department in the New Guy's House

(Part I)

By PATRICK CLARKSON

CASUALTY Departments in Accident Services have, at last, come under prominent Press, Professional and indeed Ministerial consideration. One of the things which has emerged from a study of letters and articles in the Press is that there is more than one current interpretation of the word "Casualty", and hence of the correct meaning of the term "Casualty Department". "Casualty" is often used as synonymous with any accident, which it is not exactly. We can therefore best start with a quotation from the Shorter Oxford English Dictionary, Third Edition, revised with addenda 1956. The definition of "Casualty" is stated:—

ME. (ad. L. casualitas, after royalty, etc.; formerly Casuality)

1. Chance (as a state of things). ? obs.
2. A chance occurrence, an accident; now generally a fatal or serious accident.
   (*b*) Mil.: Used of losses by death, desertion, etc., 1494.
3. Liability to accident—1812.
4. A casual charge or payment 1529.
   Erron. for Casuality 1635.

1. "Combinations of . . . genius with happy C." Johnson.
2. "Casualties of the service" 1810. "Casualties on our coast" 1861.

Attrib. in "Casualty Ward", the ward in a hospital where accidents are treated.

None of these definitions exactly describes the full range of clinical material which is cared for in most of the Casualty Departments of Great Britain. Definition (2) comes closest to it especially if we modify chance occurrence to emergency. It is reasonable then to say that a casualty correctly refers to the acutely sick and the accidents, and that Casualty Departments should primarily be intended to care for these types of patients—the acute sick and the accidents.

II. What type of Casualty Department exists today?

There are many, but the best are of two main types:—

1. The *Comprehensive* Casualty Department such as exists at Guy's, and at the Royal Northern Hospital, amongst other hospitals in London. By comprehensive I mean that all acutely sick patients and all accidents pass through a common Hospital portal into the Casualty Department.

(Within such a Department they are, of course, necessarily segregated).
2. The *Sectional* or *Segregated* Casualty Department. In these Casualty Departments the line of division is generally between the Accidents and the Sick, as at the London Hospital and at the Radcliffe Infirmary in Oxford. These two types of emergencies are separated at the entrance to the Hospital and come into one of two Departments which are differently staffed; but the line of segregation may be between medical and surgical emergencies (the surgical including the accidents) with further separation of gynaecological cases and of children; such divisions prevail at the Edinburgh Royal Infirmary.

III. Arguments for Comprehensive Casualty Departments.

There are advantages to both systems of Casualty Departments, but in my view the arguments for a Comprehensive Casualty Department in a teaching hospital are decisive.

They are:—

1. *Clinical Efficiency*
   It is not ideal to leave the differential diagnosis of the acute sick and accidents to the porter on the gate of the hospital; mistakes occur which do not if the selection is performed by medical or nursing staff within the reception area of the Comprehensive Casualty Department.
2. *Educational*
   Only in a Comprehensive Casualty Department can the student get training and teaching under conditions which truly approximate to the clinical material and the conditions of his future work as a General Practitioner or as a Regimental Medical Officer.
3. *Efficiency of Admissions*
   From the point of view of administration for admissions of emergencies, it is tidier for these to come through the Reception office of one Casualty Department rather than two or more portals of entry.

IV. Relation of Casualty Department to Accident Service

Within the Casualty Department the accommodation provided for the "Acute Sick" and "Accidents" should be strictly segregated, but the Department as a whole is an integrated part of the Accident Service of the hospital (which itself is, or will be, an integrated part of the Regional Accident Service). In particular I believe that Casualty Departments should be administered from the Accident Service, and share its staff and accommodation.

V. Nature of the Accident Service.

Choice of size and type of national Accident Services rests between a general provision of special Accident Hospitals (such as the Birmingham Accident Hospital), and the development of comprehensive Accident Services in the large general and teaching hospitals. I believe that there is little doubt that the Accident Services of the Nation are best

based upon Accident Services which are part of major general hospitals, rather than on special Accident Hospitals, for the following reasons:—

1. Greater ease and efficiency of mobilisation of the other necessary consultant services.
2. Avoidance of duplication of the necessary basic departments, e.g. pathology, X-ray, physics, etc.
3. The additional educational advantages of retaining most Accidents within the general field of surgery in its broadest educational and locational sense.
4. There is also the question of expense. For the same amount of money a better service can be provided by developing Accidents Service within the major general hospital, than would be possible if the same number of beds had to be established in say fifty new 200-bed hospitals. An injured man may need the fullest range of consultant care plus the full support of basic departments. These can only be afforded at major hospitals. Nevertheless there will always be a role for limited numbers of special Accident Hospitals, such as Birmingham, for the treatment of special cases, for the establishment of standards, and for the investigation of new methods.

For the full efficiency of Regional Accident Services it will be necessary (as has been widely discussed in the lay and professional press) to designate certain major hospitals as the only casualty receiving hospitals for accidents in certain areas. Thus in London it is expected that the number of casualty receiving hospitals will fall from about 100 to about 20; but the hospitals not designated as casualty receiving hospitals must continue to serve the local population for the lesser illnesses and minor ambulatory injuries; and they must have close links with the nearest designated casualty receiving hospitals.

VI. Proper Functions of Casualty Departments.

There is the widest variation of practice up and down the country, and indeed within some towns and cities, and between different teaching and major hospitals in the same areas, in the range and type of work undertaken by their Casualty Departments. Nevertheless only by strict consideration of what their proper functions are is it possible to discuss such questions as appropriate accommodation, equipment and staffing on a national scale. I suggest that the proper functions for any Casualty Department are:—

1. Primary treatment and disposal of Acute Sick and of Accidents (that is the Emergencies as we have defined them).
2. Definitive treatment of Ambulatory Injuries and Ambulatory Surgical Infections.

To these principle functions must be added two others:—

3. A limited amount of General Practice work, chiefly for the treatment of relatively trivial and short term illnesses. This obligation concerns Hospital staff, but is also more and more

forced upon Casualty Departments by the increasingly migratory nature of our labour force. With new industrial developments occurring in many different parts of England a large proportion of the population, especially in the younger groups, have no General Practitioner; but they can rightly expect medical attention when they need it acutely. This also applies to their families. Clearly such patients are advised to go on to a G.P.'s list, but in the meantime they are an inevitable obligation on the nearest Casualty Department; This aspect of the work of the Department must be administered on the basis of always trying to reduce these patients to a minimum.

4. Education (in teaching hospitals). The Casualty Department of a teaching hospital can play a special and in some ways a unique role in medical education. It provides:—

   (*a*) Training in developing clinical responsibility in decision, and in maintaining proper standards under busy conditions, for dressers and young Casualty Officers.

   (*b*) Training in "tissue craft" (in the repairs of lesser soft tissue injuries).

   (*c*) Training in co-operation with those many others working in the Hospital Service.

   (*d*) Training in concise accurate documentation.

VII. Functions that a Casualty Department should not undertake

Mention has already been made of the need to limit strictly the amount of G.P. work undertaken. Special mention is made of the interdiction which should exist in all Casualty Departments against the development of all special "empires", and various injection clinics. These functions should be undertaken in Out-patients if at all. If they are done in the Casualty Department they cause congestion and inefficiency to the work there at all levels.

VIII. Where do our Casualty Patients come from?

These remarks are based upon the Casualty Department at Guy's Hospital over the last 14 years, and are approximate for the 30,000 new cases which attend a year.

1. 10% come with doctors' letters; 80% of these doctors' letters are from doctors living in local postal districts south of London Bridge.

2. 90% of the patients who attend the Casualty Department come without doctors' letters. Of these half again come from S.E.1 and adjacent postal areas. Of the patients who do not come from S.E.1 but who do come from adjacent postal areas, about half are daily workers in S.E.1. About 5% of the new patients come from elsewhere in the Home Counties.

   Only 1% are lorry drivers or travellers from afar. This low figure is surprising in view of the fact that at London Bridge we are at the centre of a rail, road, and sea communication nexus.

IX. What sort of Clinical Cases attend Guy's Casualty Department?

As I have mentioned about 30,000 attend a year. Over 60% of these are the Sick, either medical or surgical. About a quarter of the Sick (that is about 15% of the total casualty intake) are medical cases. About 30-40% of the whole are accidents, the great majority of whom are seen the day of injury.

(*a*) The Sick are chiefly emergencies of one grade or another. The non-urgent Sick are those for whom a limited G.P. service has to be provided; that is staff or students, for travellers or members of our increasing migratory mobile labour force, and for some local patients for humanitarian reasons, such as those who have occasionally fallen out with their own G.P.s'

(*b*) The Accidents have been running recently at a rather lower figure than 10,000 which has been a consistent accident attendance figure at Guy's for over 100 years. 30% of the total accident attendance are hand injuries. 10% are hand infections. 95% of the accident cases are without fracture. Recently only about 3% of the total accidents attending needed admission, and of these about one-third had head injuries.

X. What Accommodation is needed for Casualty Departments?

Both the total area and the design within that area remain a matter for debate. The two classical types of Casualty Department are, on the one hand the "large central space with many peripheral cubicles", and on the other hand "multiple medium and small sized rooms" in which the rooms for different clinical types and cases, i.e. accidents and sick, are strictly separated. It is the second classical pattern which we have at Guy's. I suggest that for a Casualty Department dealing with about our intake, that is 70-100 new cases and 70-100 repeat attendances daily of old cases, the accommodation for a multiple room Casualty Department should be about 15,000 square feet. This best takes the form which fits the double functions of a Casualty Department: that is there should be a Primary Wing for first attendances, and a Secondary Wing for repeat attendances. For the Primary Wing space is strictly segregated between that allocated for Accidents and that allocated for the Sick. Between these two Wings will be a central block of rooms which are shared between the two Wings.

In the Secondary Wing accommodation for the treatment of ambulatory soft tissue injuries and infections can be shared with the Fracture Clinic, i.e. accommodation for the treatment of ambulatory fractures. Soft tissue injuries can attend both early in the morning and in the evening for dressings; the Department (Secondary Wing) is then free for the Fracture Clinic in the afternoon.

SPECIAL POINTS

(*a*) *Theatres*

There must be two separate Clean Theatres for treatment of open injuries, for the volume of work that is done at the Guy's Casualty Department (about 3,000 clean soft tissue repairs are

done a year). There is also enough work to make it necessary to provide a clean and infected Theatre in both the Primary and Secondary Wings making a total of four.

(*b*) *Casualty Beds*

Under modern conditions no busy Casualty Department can function properly and discharge its full responsibility to its patients and to the N.H.S. without Casualty Beds. The reasons for this are that without short term Casualty Beds:—

(i) Medical Efficiency—mistakes are too often made against the interests of the patients by letting some return home when a few hours further observation in a Casualty Bed would have made clear the need for full admission.

(ii) Humanitarian—too often an old person who lives by herself has to be sent home after a relatively trivial injury, when if they had been retained for a night in a Casualty Bed they would have avoided much suffering and distress.

(iii) Economic—the more expensive and slower assembly line of admission to a full ward bed has, in the absence of short term casualty beds, too often to be used for patients whose conditions do not warrant it.

Some administrative arrangement whereby these casualty beds are not used to cover the doubts, headaches and mistakes of House Officers would be easy to devise.

(*c*) *Injection Room*

Both the standard of efficiency of injections, and the congestion in other rooms, is relieved if all injections are done in one room, where proper equipment and supplies can be concentrated. At the moment provision has to be made in the Casualty Department for 30-40 daily injections of A.T.S. and about 60 other injections, chiefly anti-biotics.

(*d*) *X-ray Facilities*

Every major Casualty Department needs X-ray facilities within it, and these should provide for X-rays of every type of injury. Comment is made of the pedestal Potter Buckey which will fit under the new trolley-couch which permits X-rays without shifting the patient from the trolley on to which he is put direct from the ambulance.

XI. What Staff is needed in a Casualty Department?

Again little can be learned from the study of present staff structure of Casualty Departments up and down the country. The widest possible diversity of staffing is seen between hospitals of identical size and numbers of patients. In some the Department is exclusively the responsibility of the Senior House Officers, or a Junior Registrar who is responsible only to the lay authority of the hospital. (There is at least one such case in a teaching hospital in London.) In others the Department is commonly the nominal responsibility of one or other of the consultant staff, generally the senior general surgeon, who may or may

not visit it once or more a year. "Bart's" many years ago had a Casualty Physician, but since Robert Bridgers departed from this post and stated his criticisms of the Department in the Lancet I believe that this is no longer so. Guy's was the first, or one of the first, to allocate a daily clinical responsibility for the Casualty Department to one of its consultant surgical staff, over 10 years ago. During the last 10 years four other London teaching hospitals have made comparable arrangements.

I believe that a daily consultant link with the Casualty Department is a necessity. The nature of the link may be modified from hospital to hospital; it could be that of a consultant in the general surgical, orthopaedic, plastic or neurosurgical departments; but whichever surgeon it is he should be linked to the General Accident Service of the Hospital and have beds within his Specialty. A "Physician Adviser" to the Casualty Department, without daily duties, would be an advantage to the bigger hospitals.

A daily intermittent Registrar cover, from the general and special Departments mentioned, is also needed; but its extent will vary from hospital to hospital.

Casualty Officers— I would plead very strongly that this appointment is done on a junior and pre-registration level. I am sure that at this early stage the appointment provides the greatest educational benefit, stimulus, and interest to house officers. But if important responsibilities in the Casualty Department are to be undertaken at this level, there must be adequate supervision; in particular a smooth and efficient machinery for consultation between seniors and the casualty officers.

To recapitulate about Staff, there should be a daily consultant link, preferably with more than one consultant for the week's coverage. There should be registrar links, and one of these registrars, either general, orthopaedic or plastic, should spend more time than the others in the Casualty Department, and registrar help in consultation should be freely available through the day. The Casualty Department is best run during the day by a full team of Casualty Officers (say 5 to a department dealing with 30,000 new cases a year). Night cover, i.e. from 9 p.m. to 9 a.m., can be provided by rotation of house officers from other departments, but who sleep for their night on duty in the Casualty Department

Nursing and student staff vary but are considerable. A Department of the size we are considering should have a rotation which provides for at least 8 nurses on duty during the day and for 4 dressers. There must in addition be 3 or 4 secretaries, and 3 or 4 porters.

XII. What Educational Arrangements are needed in the Casualty Department?

Casualty Officers

A daily consultant link with Casualty Officers has been mentioned; this should be combined with at least once weekly seminars, at which current work and results are closely reviewed and topics of interest to casualty work discussed.

Students

Again very great variation exists in different teaching hospitals up and down the country, concerning the amount of time spent by the

students before qualification in the Casualty Department, the stage at which this experience is provided, and the amount of responsibility allocated to the student while in the Department. Again I believe the long-standing arrangements at Guy's provide a satisfactory and indeed nearly the ideal answer. That is students are given two 3-month periods when they are attached to the Casualty Department—the first is during their first year in the wards, and the second during their last year in the wards. During each of these periods they spent about 3 or 4 half days a week in the Casualty Department. The arrangements necessary for their maximum educational benefit include:—

1. A short systematic course of lectures at the start of thir appointment in casualty work generally, especially in the "tissue craft" of soft tissue repairs by basic plastic techniques.
2. Personal responsibility by the students for the simpler soft tissue repairs and their practice of "tissue craft" in the Clean Theatres, under supervision, and with help of photographs and diagrams displaying the standard plastic techniques used in soft tissue repair on the walls of the Theatre.
3. Personal responsibility by the student for history taking and primary clinical examination; that is, they should take the history and examine those patients who attend without doctors' letters, before the Casualty Officer sees them. They then have to face questioning about the accuracy of their observations. The alternative system which prevails in many teaching hospitals whereby students only see the patients after the Casualty Officers, and do for them simply what he has written on a slip of paper, means that most of the educational impact of the work is lost. It also means of course a great deal of additional delay before the patient first has attention.

XIII. Conclusions.

This article is to go in conjunction with its second part, and I do not attempt any dogmatic conclusions; I wish to state a few personal opinions.

1. Casualty Departments of designated casualty (accident) receiving hospitals should be comprehensive, and take all Acute Sick and Accidents in their area, or from elsewhere on request.
2. The Casualty Department should also be integrated with the Accident Service within the hospital, and also with the Casualty Departments of neighbouring hospitals.
3. It should relieve pressure on ward beds by a planned and safe increase in scope of its operative work, by the use of Casualty Beds.
4. Fuller advantage should be taken of the wide range of clinical material and of the important opportunities for developing clinical responsibility and experience for students that the Casualty Department provides in medical education.

New Guy's House —Open Day

There were no umbrella stands, but apart from that the organization could not have been bettered; it was a great Guy's occasion and a most happy one. Last Saturday gave many people their first chance to see the magnificence of New Guy's House, and a unique opportunity to see everyone else. It was a grand gathering of staff, ex-staff and friends of the Hospital.

All the building up to the fifth floor was open for inspection, and in addition one could clamber up a further five floors to the roof for a windswept and homely view of a rainy, smoky London. There must have been well over a thousand visitors, yet it never seemed crowded. In fact far from seeing a great variety of people, one seemed to be continually coming across the same ones. One looked down from the observation domes, or down from the top of the clinical theatre, or down a chute, and there was always Mr. Gibberd looking up from the bottom.

The Surgeons all had an anticipatory gleam in their eye and were in their element. Mr. Clarkson with great verve and a red button hole was striding round the Casualty floor. Two floors above Mr. Lewis was emerging from a room labelled 'Obstetric Department' with a contented look on his face. On the floors between other surgeons looked wonderingly at their inheritance. Some like Mr. Grant Massie and Mr. Wass managed a masterful air of unsurprise, others had more difficulty; there was Mr. Kilpatrick (thankful), Mr. Brain (gleeful) and Mr. Lawrie (Mr. Lawrie). The Physicians must have felt rather neglected, and the Dean had a wistful air as he looked at the magnificence accorded to the most junior surgical ward clerk, and compared it with the lot of himself and his colleagues in Hunt's House. At least, he would enjoy the praise that came the way of Mrs. Boland, and there must have been a lot, for her superb hat, as well as for the building's interior decoration. From what was complete it was obvious that New Guy's House is going to be a most attractive place to work in. The soft colours of the demonstration ward, *Cornelius*, make it both delightful and restful.

Of course there was far too much to see and much was completely unexpected: the coffee bar on the theatre floor, the potted plants and lavatories for visitors, comfortable super-cinema-type seats in the lecture theatre, a most lovely and luxurious room for the Take-In firm with an adjacent kitchen complete with modern appliances and an enormous refrigerator. Some visitors were too bemused by the spectacle to go on. There were many sitting on the soft visitors' chairs ("*Parker Knoll* for extra comfort" said the labels) amid the ferns and creepers, not really resting their feet, but rather recovering from the shock. Others merely sat in the theatre observation domes gazing at the splendid assortment of hats in the arc light below.

Everyone was asking questions, and it was typical of Mr. Lees Read, his staff and their admirable arrangements that there was an efficient enquiry bureau to answer them. They knew everything: "No, the ramp beside the staircase is not for bicycles, it is to aid the cleaners, when they sweep the dust from the stairs"; "The men in fur-lined wind cheaters wearing battle-dress trousers are B.B.C. television men, and the film will be shown on Tuesday evening"; "*Cornelius* was not a Centurion, an Assistant Centurion or an Assistant Surgeon, it is a name of one of the old bombed wards of Guy's House"; "The replica of Napoleon's Tomb in the basement is the Central Sterilising Supply Department: admission is free". They knew everything except where to put umbrellas, and no one minded about that when they could stand in the ambulance bay basking in the warm glow of the enclosing infra-red lights.

It was all unbelievably fine, and Mr. Lees Read's invitation to tea "served in the *existing* hospital" rather substantiated one's fear that perhaps it was only a mirage after all.

M.

CORRESPONDENCE

Letters to the Editor of the Gazette

Students' Health Service

SIR,—The Mass Miniature Radiography Unit will be at Guy's from the 8th November. A yearly chest X-ray is obligatory for all medical and dental students. If a student finds himself unable to keep his appointment, then he must arrange a further appointment with the M.M.R. unit at New Cross Hospital, which will in due course report the result to me.

Much disruption has been caused by defaulters asking for a large X-ray in the Medical X-ray Department. This entails more radiation than the M.M.R. and must discontinue.

Yours etc.,

R. KAUNTZE,

Director, Student's Health Service.

Guy's Hospital, S.E.1.

The Trist Cup

SIR,—On behalf of the Cricket Club I would like to thank the anonymous donor of "The Trist Cup" to the Club. Many old Guy's cricketers will remember our old friend, the late Arthur Trist, whose tragic death shocked and dismayed us all at Guy's. The Cricket Club is delighted to have this opportunity of perpetuating his name in the club of which he was such a keen member. "The Trist Cup" will be awarded to the player, who in the opinion of the club by vote, has given the season's best all round cricketing performance and who has not already received one of the other awards of the same season.

Yours etc.,

K. M. PAGLIERO.

Captain, Guy's Hospital Cricket Club.

Guy' Hospital, S.E.1.

Guy's Hospital Rugby Football Club

SIR,—We should like to announce, through the courtesy of your columns, that the Rugby Ball this year will be held on Thursday, 8th December, at Quaglino's, Bury Street, St. James, from 8.30 p.m. to 2.00 a.m.

Double tickets will be four and a half guineas (students three and half guineas), and are obtainable from the Ball Secretaries, c/o Front Lodge. Cheques should be made out to Guy's Hospital Rugby Football Club (dance account).

Yours etc.,

N. F. BOYD,
K. M. PAGLIERO,
R. W. T. MYALL,
Hon. Ball Secretaries.

Guy's Hospital, S.E.1.

Guy's North Wales Dining Club

SIR,—A meeting of the above club will be held at the Rhos Abbey Hotel, Hotel, Rhos-on-Sea, on Saturday, 19th November, 1960, at 7 for 7.30 p.m. Would any Guy's men or women in the area who have not been circularised please contact me for further details.

Yours etc.,

T. G. L. BELLIS.

Wernto,
Llanfairfechan.

SPORT

CRICKET

In Retrospect

We won the cup ! This must be considered any season's ultimate aim. We won it convincingly with a team that at full strength could give any London Club a good game.

However, our club record was poor, Played 27, Won 8, Lost 11 and drew 8. It was unfortunate that this particular year was tied up with examinations for many players while Cader, Pagliero, Norman and Price were injured for some part of the season. In the struggle to turn out a team to represent the Hospital 44 men actually played for the 1st XI on various occasions.

The leadership of Pagliero, ably supported by Cook as vice-captain ensured if not a successful club side, a happy one; this spirit was the fore-runner to a successful cup side.

Our batting was stronger than our bowling. Huins who topped 600 runs enjoyed a successful season and was partnered by fresher McGregor who was also useful with a bat; then followed a battery of Cook, Gibson, Pagliero, Juniper, Cader, Myall, Sievers, Norman, to name a few, all capable of scoring many runs, and generally quickly. Our regular supporters to whom we are very grateful will bear out that there is no place for dull cricket at H.O.P.

Our opening bowling attack of Leigh-Brown and Williams varied from game to game but with a summer so fine early on they had little to help them; in particular one remembers the devastating way in which they went through the St. George's first innings in the cup match. The Hospital still needs a really quick bowler—Trevelyan tended to throw down the odd loose ball while Biggs was injured and never found form.

Our spinners were our strength and revolved around Cook. Ever accurate one felt that too much responsibility rested on his shoulders. Gibson was a very useful asset to the side but unfortunately we saw all too little of him. Cader when called on bowled well but needed a few overs to settle in. Myall, Pagliero and Huins occasionally turned an arm when pushed.

Behind the stumps we had Norman, who kept for Cambridge University on many occasions. Unfortunately his damaged finger has forced him to give up keeping. Fortunately we had two very competent wicket-keepers in McGregor and Sievers.

Next season looks hopeful as no player is leaving the Hospital and we already have 8 players who have been selected for United Hospitals' C.C.

The second XI was well led by Eric Barker and did especially well in the cup. However, they lost the semi-final. At one point in this game they had made 97 and there opponents were 69 for 9 but luck did not go Guy's way and the second XI lost.

We welcome all freshers to the nets on the first Wednesday of the Summer term and hope that the rain keeps off as well as last year.

Batting Averages

	Runs	*Highest Score*	*Not Out*	*Innings*	*Average*
G. Cook ..	498	72	4	15	45.3
T. Huins ..	638	93	1	19	35.4
Z. Cader ..	275	55	5	14	30.6
R. Juniper ..	249	41	2	11	27.7
K. Pagliero ..	297	49	5	16	27.0
H. McGregor	312	86	0	12	26.0
I. Gibson ..	127	35	0	5	25.4
M. Robiero ..	113	38	0	5	22.6
D. Roberts ..	124	30	3	11	15.5
P. Sievers ..	233	51	4	19	14.8
R. Myall ..	199	62	0	14	14.4

Bowling Averages

	Overs	*Maidens*	*Runs*	*Wickets*	*Average*
I. Gibson ..	102	20	242	18	13.4
M. Williams ..	88	26	232	16	14.5
G. Cook ..	209	43	559	35	14.6
Z. Cader ..	99	15	334	18	18.5
A. Leigh-Brown	227	43	682	35	19.5
K. Pagliero ..	67	4	347	16	21.7
R. Trevelyan ..	142	30	466	23	20.2
T. Huins ..	59	6	209	8	26.1

RUGBY

Guy's v. Cheltenham

At H.O.P. 22nd October, 1960

Result—Won 8-3

Guy's put up a fine performance in beating a Cheltenham side which came to H.O.P. with an imposing record which included victories over Leicester, Waterloo and Hampshire County. In winning this game the Hospital preserved their unbeaten record at home.

In muddy conditions ideal for forward play the Guy's pack rose to great heights and apart from a short spell early in the second half were on top in the forward exchanges. The hooking was clean, the covering across the field quicker and valuable ground was gained on more than one occasion by well executed wheels and quick following up of the loose ball. The back row in particular were impressive and although it is difficult to single out individuals Cooke must deserve special mention for his sterling work in defence. Peace, a young newcomer to the side, made a very satisfactory debut and shows considerable promise for the future.

The experiment of playing Leyshon at fly-half was a success. He handled the greasy ball well, used it intelligently and kicked with discretion. He received an accurate service from Nicholas who had one of his best games at scrum-half. The centres played adequately under the conditions but there is still some slowness evident in moving the ball out to our wings which must be corrected at practice if we are to make the most of our speed and initiative. Biggs once again collected all the points and both he and Egwuatu played soundly. Myall fielded well but must put more speed into his clearances.

The exchanges were even at first but following a series of raids by the Guy's forwards, Cheltenham were penalised and Biggs coolly kicked a goal from the 25 yard line in front of the posts. Our visitors had a chance to equalise soon afterwards but an easy penalty was missed. Just before half-time an attack was started by the forwards on the left at the half-way line and was carried across the field where Biggs was able to pick up the ball on the bounce, streak over the line far out and make his way for a try under the posts. This try was converted by the same player and at half-time Guy's deservedly led 8-0.

Early in the second half Cheltenham kicked an easy penalty and for a time looked as if they would increase their score by judicious running and kicking by their backs but the Guy's defence held out strongly and towards the end of the half Guy's were once again on the offensive.

To sum up, a very good win indeed for the Hospital and another indication that Guy's should have a better season this year.

Team: R. Myall; D. Biggs, J. D. Bryant, P. Ivanans, E. Egwuatu; J. Leyshon, J. R. D. Nicholas; A. C. Knight, W. T. Treadwell, D. J. Richards, P. W. Harris, P. Pearce, D. R. A. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English.

Guy's v. Wasps

At Sudbury 29th October, 1960

Result—Lost 0-8

In this match, Guy's were faced with a heavier and more experienced pack, a lively three-quarter line and wet conditions, which made the ball difficult to handle and balance difficult to maintain. In spite of these circumstances, the Hospital gave a spirited display and held their opponents at bay until the last few minutes of the game.

Play inevitably hung to the touchlines and in the earlier stages the Wasps' pack drove deep into the Guy's half. Here established, they fed their three-quarters often, the latter running strongly and passing well. Only constant relieving kicks to touch by Nicholas and Myall and good defensive covering, in which English was conspicuous, prevented a score. Both lines were kept intact until half-time, Wasps having had the territorial advantage.

On the resumption, Guy's, moving quickly onto the loose ball and using the kick ahead well, took play into the Wasp's half. The Hospital held their ground and a quick heel from a mid-field scrum gave Leyshon time and room to place a diagonal kick to the corner, where the Wasp's full-back just obtained the touch-down. Wasps, however, soon began to reassert the pressure and play returned to the Guy's half. Here Wasps attempted to open up the game, but the Hospital harried them well and seized every opportunity to take the ball on at their feet, Treadwell, Lloyd-Edwards and Biggs often well to the fore. But just as hopes rose for a successful draw against these strong opponents, Woodward was seen to break through from the loose and timing his pass well gave Wright a run in to the corner. The kick failed. Almost on no-side a successful blindside move from a scrum on the Guy's line gave Wasps their second try, which was converted.

Team: R. W. T. Myall; D. A. Biggs, J. D. Bryant, P. Ivanans, E. Egwuatu; J. Leyshon, J. D. Nicholas; A. C. Knight, W. T. Treadwell, D. Richards; P. W. R. Harris, B. Blackwell, D. R. A. Lloyd-Edwards, P. Pearce, T. A. H. English.

GOLF CLUB

Semi-Final Hospitals' Cup

Guy's v. Royal Dental Hospital

Guy's beat Royal Dental Hospital by 5 matches to nil. The match was played at Croham Hurst.

R. C. Cockerill won 3 and 2.

J. A. Smith won 5 and 4.

T. Tetlow won 2 and 1.

P. Sievers won 4 and 3.

C. Quick won 4 and 3.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the post of **Registrar** (Middle Grade) for one year commencing on 1st January, 1961. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **19th November, 1960,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

NURSING STAFF

Applications are invited for the post of Sister in charge of the Eleanor Weymss Convalescent Home at Craizes Hill near Reading. The Home has accommodation for 17 children between the ages of 3 and 14 years. Both Guy's and the Evelina Children's Hospital send patients there for convalescence and patients are also recommended for admission through the London County Council and the Berkshire County Council.

PASS LIST

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination

October, 1960

Pathology

Betty J. Allen	R. C. Lallemand
Kathleen M. Allsopp	W. A. Landers
W. J. Appleyard	*I. C. McLellan
Alexandra L. H. Barber	A. Martin
E. Barker	J. A. Ogyaadu
J. P. Barker	J. E. Oliver
M. S. Bell	Margaret N. R. Pitt
A. C. Bird	M. C. Pietroni
W. Bunting	D. L. Stevens
D. G. Daniel	M. A. S. Stoby
J. A. Hanne	J. P. Vaughan
I. W. Hanwell	W. A. Wallbank
P. S. E. G. Harland	E. Young
Tessa Holman	

Medicine

Kathleen M. Allsopp	Heather S. Kerr
W. J. Appleyard	W. A. Landers
E. Barker	Micheline M. Maher
A. C. Bird	A. Martin
C. G. Bird	W. M. P. Patterson
M. F. Biggin	R. A. Peebles
M. E. Blacklee	Margaret N. R. Pitt
Mavis A. Bonnard	W. E. M. Pryse-Phillips
S. S. Brook	M. C. Rallings
W. Bunting	T. N. Stanbridge
G. E. Conn	R. Stilwell
D. G. Daniel	J. P. Vaughan
M. H. Devereux	J. G. B. Thurston
P. J. Doust	W. A. Wallbank
C. V. Everard	G. P. Williams
J. F. Hallpike	P. J. Winter
P. S. E. G. Harland	R. J. Worden
Anne B. Kenshole	E. Young

Surgery

*M. K. V. Adalja	*Judith M. Hawker
*A. J. Bron	*A. P. Hopkins
*M. E. Cavendish	*J. F. O. A. I. Mustaffah
*T. J. H. Clark	*C. S. Ogg
*K. J. Connolly	*N. N. V. O'Sullivan
E. J. W. Gumpert	*E. R. Walrond

Midwifery

Betty J. Allen	Penelope J. Key
J. P. Barker	Heather Lachlan
M. S. Bell	R. C. Lallemand
A. G. Boohene	J. Leyshon
G. E. Conn	Mary B. MacKeith
W. S. C. Cox	J. K. C. Maile
C. V. Everard	*J. R. Mansfield
G. H. Forman	A. Martin
A. F. Gazdar	W. M. P. Patterson
E. J. W. Gumpert	M. C. Pietroni
J. C. Harding	G. P. Williams
N. P. A. L. Harper	P. J. Winter
Penelope B. Hewitt	R. J. Worden

*Have completed the examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.F.A.

C. Bishop	B. R. P. Murray

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Adams, C. W. M., Marples, E. A. and Trounce, J. R. Achalasia of the Cardia and Hirschsprung's Disease—The Amount and Distribution of Cholinesterases. *Clin. Sci.*, 1960, **19**, 473.

Trethowan, W. H. and others. The "Stiff-Man" Syndrome. *Arch. Neurol.*, 1960, **3**, 448.

Whitteridge, S. M. Why do People have Nervous Breakdowns ? *Middx. Hosp. J.*, 1960, **60**, 135.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

FOR SALE

BABRO JUPITER 2 Berth Cruiser, as new, 17 ft. L.O.A. 6 ft. 3 ins. Beam. 12 in. Draft with 40 H.P. "Evinrude" Outboard. New July, 1960. Large Cockpit suitable whole family. Wheel steering, suitable Water Ski-ing. Lying East Peckham, Kent. Price £625. Box No. 240.

JAGUAR XK 120 Drop-head Coupe. Low mileage. Not used winter months. Black with Red Hood and Wheels. Very carefully maintained. Price £550. Box No. 241.

COMPLETE SET "Top Score" Solid Rustless Golf Clubs. Bag with separate compartments for each club and folding Trolley. Price £40. Box No. 242.

HALF SKELETON £11. Leitz Microscope with oil emersion lens £19. Tel. Chiddingfold, Surrey, 52.

TO LET

SMALL MODERN FURNISHED HOUSE at Sevenoaks (30 minutes from London Bridge). For one year from 10th December, 1960. Apply S. J. Wyard, Physics Department, Medical School.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGE OF ADDRESS

M. J. S. Coe., M.R.C.S., L.R.C.P., 125a, Broadway, Leigh-on-Sea, Essex.

BIRTHS

DAVIS.—On 17th October, 1960, at Eshowe Hospital, Zululand, to Pam, wife of D. P. Davis, M.R.C.S., L.R.C.P., a daughter (Ann), sister for Guy.

TIBBS.—On 10th October, 1960, to Paddy (née O'Meara), wife of David John Tibbs, M.C., F.R.C.S., a son (Jonathan Mark), brother for Teresa, Nigel, Brendan, Deborah and Jocelyn.

WABOSO.—On 25th September, 1960, at the General Hospital, Aba, Nigeria, to Margaret, wife of M. F. Waboso, M.R.C.S., L.D.S., a son (Andrew Chima), a brother for Paul and David.

DEATH

BOLUS.—On 17th September, 1960, Percy Reginald Bolus, M.B., M.R.C.S., L.R.C.P.

EDS. {D.N.L. S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1887 19*th November* 1960 *One Shilling*

PASSIM

THE National Spastics Society of London have published recently, as a supplement to the *Cerebral Palsy Bulletin*, a most remarkable book entitled *The Neurological Examination of the Infant*. It presents the examination routine developed by André-Thomas in Paris, clearly explained with the aid of numerous line diagrams. This edition is edited by Dr. R. C. MacKeith, Professor P. E. Polani, and Dr. E. Clayton Jones. To anyone interested in the behaviour of young babies, student or doctor, at five shillings this is a bargain not to be missed. We hope to publish a full review at a later date.

There was a large congregation in the Chapel for the annual service of Remembrance conducted by the Chaplain, the Rev. A. J. M. Saint. After the service, the congregation walked over to the Memorial Gate where the President of the Residents, Mr. George Preston, laid a wreath of poppies.

Mr. Goodliffe informs us that there is a Recruitment Officer from the Ministry of Health, Trinidad, in London at the present time who is anxious to obtain several doctors for posts as Housemen in the General Hospital, Trinidad. Anyone who is interested can obtain full particulars from Mr. Goodliffe in the Appointments Bureau.

We note with pleasure that the Weber-Parkes Prize of the Royal College of Physicians of London has this year been awarded to Sir Geoffrey Marshall.

Sir Gordon Covell has been awarded the Darling Foundation Medal and Prize by the World Health Organization for outstanding achievements in the field of malariology.

Mr. N. H. Porter delivered the Arris and Gale Lecture on 1st November, at the Royal College of Surgeons. The title of his lecture was "Physiological Study of the Pelvic Floor in Rectal Prolapse."

Mr. C. E. Engel, Head of the Photographic Department, has been invited to give one of the Cantor lectures at the Royal Society of Arts in the coming season. These are lectures on the Technical Applications of Science; Mr. Engel is speaking on the Applications of Photography to Medicine.

We heard with great regret of the recent death of Mrs. Ada Field, perhaps, as her daughter suggests, the last Boer War veteran of Guy's Nursing. Ada Sutton, as she was during her training at Guy's, qualified in 1899, and then joined the Nursing Service Reserve and served in the Boer War. She later returned to South Africa to become Matron of the Cottage Hospital at Harrismith, retiring on her marriage in 1908. We offer our deepest sympathy to her family.

We were glad to read an evening paper headline: "Guy's Plan for Childless Wives". What followed was not as fundamental as expected, but was interesting all the same. After describing recent Swedish work using a hormone "tonadrophin", a "Guy's expert" was reported as saying "We shall not be injecting tonadrophin, but something like it". It certainly sounds something like it.

The Upper Spit dining room has been redecorated ; we'll leave it at that.

GUY'S DIARY

NOVEMBER			Exhibition. *Varicose Veins.*
22nd	T	1.00	Dr. Evans. Clinical Lecture. *Endocrinology for Children.*
23rd	W	1.00	Professor Herbert. Dental Clinical Lecture. *Perispical Infection.*
23rd	W		Rugby. Guy's v. London University at H.O.P.
24th	Th	1.00	Dr. MacArthur. Clinical Lecture.
25th	F	1.00	Dr. Kauntze. Clinical Lecture. *The Interpretation of the Electrocardiogram.*
26th	S	10.00	Clinico-Pathological Meeting in the Clinical Theatre.
26th	S		Rugby. Guy's v. Aberavon at Aberavon.
29th	T	1.00	Mr. Atkins. Clinical Lecture. *Water, Salt and Sugar.*
DECEMBER			
1st	Th	1.00	Mr. Law. Clinical Lecture.
2nd	F	1.00	Dr. MacLean. Clinical Lecture. *Ulcerative Colitis.*
3rd	S		Rugby. Guy's v. Coventry at H.O.P.
5th	M	1.00	Mr. Cann. Clinical Lecture.
6th	T	1.00	Dr. Bishop. Clinical Lecture.

GUY'S CHRISTMAS CARDS

Guy's Christmas Cards may be obtained from the "Gazette" Office, 16, St. Thomas's Street, S.E.1. Prices 3/6, 5/-, and 7/6 per dozen including envelopes. Postage and packing 1/- extra per dozen.

NOTICES

THE SECOND ANNUAL FREE CHURCH SERVICE

in

GUY'S HOSPITAL CHAPEL

on

WEDNESDAY, 23RD NOVEMBER,

at 8.45 p.m.

PREACHER : THE REV. ELSIE CHAMBERLAIN, B.D.
of the B.B.C.

To be followed by a Social Gathering in the Nurses' Home.

Guy's Hospital Society—Bournemouth and Wessex

The Fifth Annual Dinner of the above society will take place at the East Cliff Court Hotel, Grove Road, Bournemouth, on Friday, 9th December, at 7-45 p.m. for 8.30 p.m.

Professor H. R. B. Fenn has very kindly promised to be present as the Guest of the evening.

All Guy's graduates will be very welcome to attend and may bring guests (medical or dental colleagues) with them.

Tickets (25*s.*) may be obtained from the Hon. Sec., Mr. E. A. Weaver, 19, Gervis Road, Bournemouth. *Phone* Bournemouth 25466.

OBITUARY

HENRY LAMB, *M.C.*, R.A., L.M.S.S.A.

Henry Lamb was a Lancastrian, and he began medical training at Manchester University, before giving it up to become a full time artist. At the outbreak of war he came to Guy's and qualified in 1916. It was whilst serving as a medical officer that he was awarded the Military Cross for gallantry.

His portrait of Lytton Strachey completed in 1914, brought Lamb to prominence about the time he came to Guy's; but it was in the early post war years that he became established as an artist of National repute. He is well represented at the Imperial War Museum, the Tate and other British gallieries. He was elected R.A. in 1949.

OBITA DICTA

Dr. W. N. Mann :—

". . . You must remember with the diet in diabetes that you are not dealing with a mouse in a metabolic cage ".

" . . . I don't want you to be too conservative."

SOME OBSERVATIONS ON THE CASUALTY DEPARTMENT OF NEW GUY'S HOUSE

by

PATRICK CLARKSON

THE Casualty Department of the New Guy's House occupies the whole ground floor. Both its shape and size have been determined by the Ward Plan. Amongst other things this shape and size have made it impossible to plan a classical "large central room with cubicles" type of Casualty Department. There are, however, many reasons for believing that the alternative type of accommodation adopted for multiple medium and small rooms bests suits the modern need of Casualty Departments. Ours is a comprehensive Casualty Department; that is it cares for all emergencies and accidents, and is integrated with the whole accident service of the Hospital. About 30,000 new casualties (sick and accidents) attend a year currently; more can be expected when the Hospital becomes one of the main designated Accident Services of the Region. This Casualty Department is divided basically according to its two functions into two Wings, the Primary (East Wing) for Reception, primary treatment and disposal of all Acute Sick and Accidents, and the Secondary Wing (West Wing) for repeat attendances of the Ambulatory Surgical Infections. The rooms which are common or necessary to both Wings (Injection, X-ray, Consultants', Sisters' and Casualty Officers' rooms) are placed as centrally as possible.

The rooms are here described in rotation round the Primary (East) Wing, then those placed centrally, and then the rooms of the Secondary (West) Wing.

Primary (East) Wing

Entrance

The entrance is a covered approach where the ambulances will unload outside the main Casualty Entrance through which will come all stretcher and all ambulatory patients. The unloading area has been fitted with Infra-Red lamps and can be kept warm at all times.

Stretcher cases will be transferred at this Entrance to a specially designed trolley from which they will not have to be moved for clinical examination or for X-ray. The trolley has been designed to act as a clinical couch and an X-ray couch. The only movements of the patient from it need be when he reaches his ward bed.

The documentation of patients is at the Casualty Reception counter immediately inside the Entrance. The ambulatory patients will be referred to the waiting area in the Primary (East) wing where the Casualty Officers will see them, and direct them to the appropriate Examination Rooms. Stretcher patients are taken according to sex or the nature of their condition, either to one of the three Accident Cubicles or to the Women's (Obstetric) Room or to the Special (Isolation) Room. Each of the three bays in the Accident Reception Room is fitted with Oxygen and Suction.

Preparation Room

Ambulatory Accident patients, and those stretcher Accident patients who are deemed fit to have their operative care on an out-patient basis, are referred to the next room along the Primary (East) Wing, the Patients' Preparation Room, which has been designed to permit the patients to co-operate as much as possible in the primary toilet of their injured hands or feet before operation. This room is equipped with lockers for clothes and smaller lockers for valuables. The keys for the valuables lockers will be pinned to the patients' cover sheets or to their clothes, when they are moved into the Operating Theatre situated next to the Preparation Room.

Operating Theatres

Four Theatres have been provided for the whole Casualty Department, a "Clean" and an "Infected" Theatre for each Wing, Primary and Secondary (i.e. East and West) Wings, with their own Preparation and Wash-up Rooms. This may appear to be a generous allocation, but it has been found that when all open out-patient Accidents are given a full formal repair of their injuries lack of theatre space can cause a serious bottleneck and considerable delays. About 3,000 clean operative repairs are done a year. The "Clean" Theatre in the Secondary Wing can act as an overflow relief for that in the Primary Wing when necessary. This "Clean" Theatre will also be used in a number of minor deep repairs, done by appointment and not on the day of the first attendance. It is a rigid rule in the administration of these Theatres, both that in the Primary and that in the Secondary Wings, that no open lesion of more than 24 hours old is ever admitted into a "Clean" Theatre.

The "Infected" Theatres are used as their name implies, for infections—chiefly those of the hand, axilla and buttock. They can also be used when necessary for closed reductions of fractures and the application of Plasters of Paris.

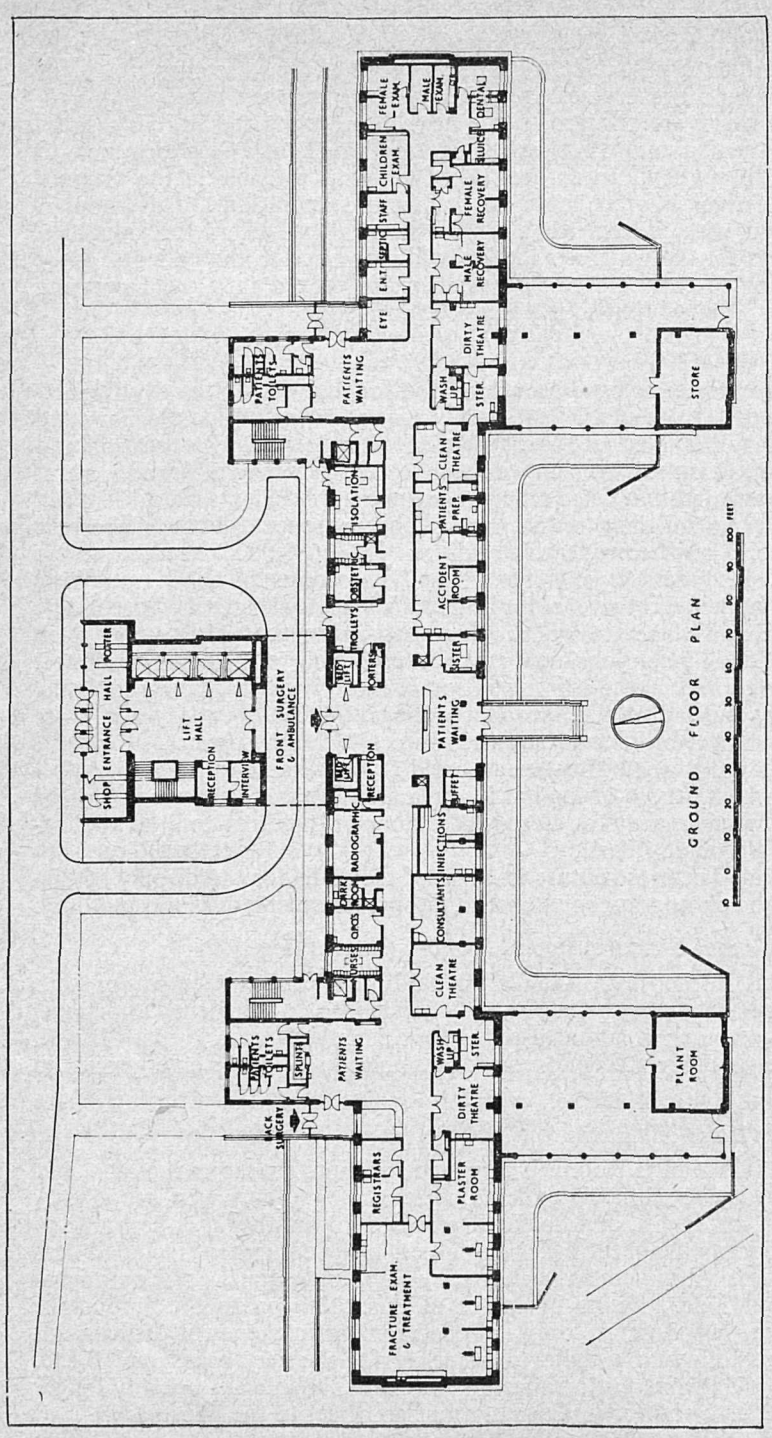
In all Theatres full use is made of the walls for the display of diagrams and photographs demonstrating operative techniques and anatomy.

Women's and Obstetric Room, Primary (East) Wing

This Room, just on the left of the Entrance, has been equipped to deal with emergency deliveries. To it will also go threatened abortions, and any women in labour arriving for admission to the wards. It will also be used for Reception and Examination of other emergencies in women.

Special (Isolation) Room

This, the next Room, is intended for more than one function, but particularly for difficult patients; that is for patients who are grossly unclean, or drunk, or who for one reason or another it is desirable to keep separate from the other casualties. The equipment included here is a special tilting couch, a mortuary slab, and equipment for stomach wash-outs, etc. Doors open out of this room on to the ambulance entrance, but these are only intended for use in the event of mass admissions following a major disaster, or for the very occasional B.I.D. cases. (Under recent arrangements B.I.D. patients are not any longer laid out as a routine in Casualty, but go direct to the Mortuary.)


GROUND FLOOR PLAN
0 10 20 30 40 50 60 70 80 90 100 FEET
SHOP
ENTRANCE HALL
PORTER
LIFT HALL
RECEPTION
INTERVIEW
FRONT SURGERY & AMBULANCE
PORTERS
TROLLEYS
ISOLATION
PATIENTS WAITING
PATIENTS TOILETS
EYE
ENT
STAFF
CHILDREN'S EXAM.
FEMALE EXAM.
MALE EXAM.
DENTAL
FEMALE RECOVERY
MALE RECOVERY
DIRTY UTILITY
DIRTY THEATRE
WASH UP
STER.
STORE
ACCIDENT ROOM
PATIENTS PREP.
CLEAN THEATRE
SISTER
RADIOGRAPHIC
RECEPTION
OPTICIAN
CONSULTANTS
INJECTIONS
BUFFET
PLANT ROOM
BACK SURGERY
SPLINTS
REGISTRARS
PLASTER ROOM
FRACTURE EXAM. & TREATMENT

(*Fig. 1*)

Recovery Rooms—Casualty Beds, Primary (East) Wing

Provision of Casualty Beds in a Casualty Department is essential to-day on grounds of humanity, medical efficiency and economy. Such beds must be strictly administered on a 24-hour or at the most 48-hour basis. Four beds have been provided. They will be used for patients, who present a reasonable element of doubt about their diagnosis, but not enough to warrant their admission to the more expensive ward bed, or those patients whose domestic arrangements made it manifest that (though the injury does not warrant a ward admission) they will be unable to care for themselves on the first night, or those patients who, because of a previous meal, have had to wait until late at night until public transport has stopped before they can be given their anaesthetic. Food for these patients will be provided in the Buffet area. A bathroom will also be provided.

Dental Rooms, Primary (East) Wing

The demands for dental care at the Casualty Department, Guy's Hospital (after the main "Dental Casualty" Department is closed, i.e. in the evenings, at weekends or over Bank Holidays) are very heavy. Patients are referred to it from all over London including most of the other Teaching Hospitals. As many patients as 100 a day may have to receive treatment. The situation of these Dental Rooms is away from the main traffic of the Department, as delays due to the need to wait for an anaesthetic when a meal has already been taken can be considerable.

Medical Examination Room, Primary (East) Wing

There are four of these, two for men and two for women who come to Casualty without Doctors' letters. They are at the far end (and quietest part) of the Primary Wing to permit unhurried and quiet history taking and examination. It is in these rooms that the students principally see the "Sick" emergencies. One room has been fitted also with basic laboratory equipment for the examination of urine and blood.

Children's Examination Rooms

As far as possible provision has been made to meet the special requirements for children in the Casualty Department. Two rooms have been provided in a relatively quiet recess of the Primary Wing, where the child is away from the majority of the more distressing sights that occur in Casualty. Suitably sized furniture and equipment is provided for these rooms, together with more colourful decorations on the walls, and such things as a blackboard and toys. The second of the two children's rooms is primarily intended for children awaiting admission; but it will also be used as a room for examination of staff of the Hospital who will not generally be seen in the rooms for the other patients.

Casualty Officers' Examination Room, Primary (East) Wing

In this room patients with Doctors' letters are seen at once by Casualty Officers (without first having their history taken and being examined by Dressers in the Medical Rooms). This room is also used for examination of staff when necessary.

E.N.T. and Septic Room

In this room patients with superficial surgical infections including E.N.T. patients (for whom special equipment is provided) are seen.

Eye Room

Special equipment is provided for the examination and care of those casualties with eye infections or injuries.

Dressers' Room

In this room lockers and coat hangers plus basic office equipment are provided.

Central Area

Sisters' Room

This is placed centrally, commands the Entrance and is beside the Buffet area.

Injection Room

All injections—over 100 a day—are given in this central room with two cubicles where special equipment is concentrated.

Buffet Area

This section is immediately inside the main entrance behind the decorative screen (depicting Guy's and the precinct at the south end of London Bridge at the time of its foundation early in the 18th century). It lies between the Primary and Secondary Wings and the Buffet is for use by patients, relatives, students and staff.

X-ray Rooms (2)

A 24 hour service is maintained in these rooms for Casualty patients. X-ray equipment for the full X-ray of head, trunk and limbs is provided.

Casualty Officers' Room

In this room are lockers for Casualty Officers, and basic office equipment. Photographs of each 3 month group of Casualty Officers are hung on the walls at the conclusion of their appointment. Lists containing names of local practitioners are kept in this room; there is also a reject station for the Lanson tube system.

Nurses' Room

A similar room is provided for nurses where they may leave their cloaks and wash, on arrival or departure for duty in the Department.

Consultants' Room

This room is provided for the Surgeon in charge of the Casualty Department and also those other consultants whose duties take them to the Department, for the purpose of their office work and for interviewing outside doctors, insurance and other special patients.

Trolley Bay

Wheel chairs, some trolleys and seats for ambulance drivers are provided here. Ambulance drivers may, if they wish, drink their tea here which they have obtained from the Buffet.

In this bay will also be kept a large diagram which indicates the detail of the administrative arrangements and allocates the individual responsibilities to be implemented within the Hospital for major disasters.

Secondary (West) Wing

This Secondary Wing is used, as stated, for the repeat attendances of the Ambulatory injured, both of soft tissue injuries and of fractures; it is also to be used for the ambulatory surgical infections. This arrangement, whereby repeat attendances of casualties are segregated from the accommodation in the Primary Wing of the Casualty Department, that used for primary reception and disposal, is a long standing one at Guy's, (I have been unable to trace its exact origin and would be grateful for information from old Guy's men, but I imagine we owe this advantageous arrangement, like many others, to Sir Cooper Perry), and is considered to have many advantages. (The patient remains, of course, under the same clinical control.) It has been found in practice that the ambulatory fractures (about 700 a year) are best separated from the open soft tissue injuries and infections (about 10,000 a year); but both may be seen and cared for in the same accommodation, although at different times. Thus there is to be a daily Fracture Clinic in the early afternoon; in the same accommodation there is an early morning and an evening Dressing Clinic of the ambulatory soft tissue injuries and infections.

This Secondary Wing is also provided, as has been noted, with a "Clean" and "Infected" Theatres.

Entrance

There is a separate entrance at the corner of the West Wing.

Reception and Documentation

Immediately by this entrance is a reception area and an office. Documents and recent X-rays are stored in this Reception area.

Fracture Clinic—Dressing Room

This is the major part of the accommodation and has been deliberately planned so as to provide as big a space as possible, both to aid the general survey by the Consultant of a number of patients undergoing examination or dressing at the same time, and for the conduct of large clinics of dressers and others. For this latter purpose a blackboard, X-ray viewing boxes, and a screen projection area have been built into the walls.

Six cubicles are provided along the walls of this major room for the conduct of dressings or changes of plaster, etc., in accordance with the nature of the Clinic being conducted. Two of these cubicles are for lying cases.

Plaster Room

Immediately leading out of the major Fracture and Dressing Room Clinic is a fully equipped Plaster Room which has two cubicles. In this all the necessary equipment for use with Plaster of Paris and other ambulatory methods of treating fractures are present.

Registrars' Room

This Wing also contains a separate room for the use of Registrars for examination of patients and other purposes.

The only room on this Casualty Floor not concerned with Casualty work is that which has of necessity had to be provided in the West Wing as a rest room for the Radiotherapy staff.

CURRENT FIGURES

The circulation of Ministry forms asking for details of attendances in the Casualty Department recently gives us the opportunity to present the most up to date figures of attendances in the Casualty Department at Guy's (Front and Back Surgeries).

There was a total attendance of approximately 1,000 patients for the week ending 4-11-60 in both Primary and Secondary wings, *i.e.*, Front and Back Surgeries.

Attendances in Primary Wing (Front Surgery).
650 (approximate).

Attendances in Secondary Wing (Back Surgery).
400 (approximate).—including Fracture Clinic.

PRIMARY WING

New Patients: (450)		*Source of case*		*Disposal of case*	
Accidents	56%	G.P.	19%	No further treat.	21%
(head injuries		Own volition	74%	Return to Casualty	66%
2 cases admitted)		Ambulance	7%	O.P.D.	6%
Medical	23%			In Patient	3%
Dental	9% } 44%			Other Hospital	1%
N.A.D.	12%			Return to G.P.	3%

Old Patients at Front Surgery (200).
Old Medical Cases 88% (Largely "Tea and Sympathy" cases).
Hand Clinic 12%.

SECONDARY WING (400).

Soft Tissue injuries 77%.
Fractures 23%.
Fractures admitted 5 cases.

Cases seen in Casualty Department by :

Primary Wing	House Officer	89%.
	Consultant	11%.
Secondary Wing	Fracture Clinic.	
	Hand Clinic.	
	'Back Surgery'.	

The number of cases seen in these clinics by consultants and registrars varies between 50-100%.

Medicos Look At . . .

Many of the buildings which have been recently erected in and around London have with some justification been compared with egg boxes and upended match boxes. A glance at one of the advertisement pages in the London County Council's *New Sights of London* would confirm this impression. In addition to the rectangular shape the actual appearance of the buildings is monotonous. The new building at the south end of Blackfriars Bridge has ten or eleven floors of identical windows separated by horizontal lines. Although there is a canopy over the entrance and some marble around the lowest levels of the building they inadequately relieve the general colourless uniformity of the building as a whole. Two new buildings along the Great West Road, one near the Chiswick flyover and the other somewhat further west, present almost identical architectural features.

It is obvious that architects are not unaware of these problems in relation to this type of design. Besides canopies and the use of different materials on the ground and first floors, they frequently stagger the arrangement of the windows or interrupt the facade with vertical lines of a different colour from the rest of the wall or decrease the height of the floors as one passes upwards or vary the top floor with some sort of open arrangement of pillars and transverse bars. In spite of these devices the main reaction of the observer is not very different from that already described. Perhaps one should ignore the uniformity, look at the slim tower block rising into the sky and then concentrate on other features which these buildings frequently show, for example, the Bowater building in Hyde Park with the varied heights of its different parts and the Thorn building in Upper St. Martin's Lane with its ground floor so constructed that one can walk around or under the building itself and admire the fittings of the lights of the main hall seen through large glass windows. By floodlighting one wall of this building the impression of something soaring into the blackness of the night is suggested but it really takes a structure of the height of the Lever or Seagram buildings in New York to convey this. Actually it has been said that this Lever building on Park Avenue is really only worth looking at by night. It is interesting to note that the narrow end of the Thorn building which at the moment is a blank wall has been prepared so that a decorative piece of sculpture can be fixed to it.

Another attempted solution to the problem of uniformity is to use part of the ground floor, and possibly the area surrounding the building, for decoration so that the public can walk round, or see while passing, something which enhances the attraction of the building itself. The best example of this in London is the new Sanderson building in Berners Street. Since space is so valuable in that part of the world the sacrifice of the owners in giving up so much of it to the creation of a garden, however small, in the urban wilderness of the West End of London is most commendable. There are a small

stream and fountain, a tree and an imitation alpine garden, and to the left of the garden an attractive mosaic depicting hanging curtains. As one enters the building and ascends a short staircase one sees a large glass mural designed by John Piper and executed by Patrick Reyntiens. Somehow this mural serves as a stimulating introduction to the showrooms to which the staircase leads. Perhaps the products which this firm sells, wallpapers, fabrics and paints, lend themselves to artistic display but one can only admire the colourful attractive way in which their wares are shown. Another striking feature is the lighting, and although the enormous variety if seen at one time is rather overwhelming, each arrangement is worth close study so that one can learn something about the different ways in which rooms may be lit. These features of the Sanderson building (the architects were Slater and Uren) may not be part of the architecture but one feels that the garden, the mosaics, the mural and the showrooms form part of an artistic whole and all of them require description when discussing the building. It is true that when one looks at the outside of the building it presents many of the features which have been criticized, but if it is examined in detail one may notice the vertical ribbing changing in depth above the entrance, the off-centre entrance with its canopy and flanking garden and the different colouring of the windows of the first and second floors, and feel that something distinctive has been attempted with considerable success. There is another new building on the opposite side of the street further north. If one compares this with the Sanderson building, one gets some idea of the difference between a mere copying of a style and an attempt to create something original.

Most of the buildings referred to are blocks of offices and Sir William Holford's remark that company directors, who are replacing the former patrons of the arts, keep a strict eye on balance sheets, may explain why these buildings adhere to a dull conformity. Other types of building may result in greater variety and yet with the exception of the Commonwealth Institute in Holland Park, Kensington, London appears to lack the modern, imaginative architecture which can be seen in Rome (by Nervi), Mexico City (by Candela) and Canberra (by Grounds, Romberg and Boyd). These architects are using new materials (mainly concrete with steel wires) in a variety of stimulating shapes. It is true that these buildings are sports palaces, churches and the headquarters of the Academy of Sciences of Australia but somehow one feels that if there had been the will to create something artistic and lasting some of the new buildings would have been very different from what they are.

* * * * *

Mrs. R. Hunt of Shelford has drawn Medico's notice to the wrong spelling of Sir Ronald Storr's name in the issue of August 13th Medico writes : "*Mea culpa.* That is what comes of writing an article, going on holiday and not reading the proofs which the Editor always makes available. It is a consolation however to know that somebody reads *Medicos Look At* . . . . "

The Nurses' Prize Giving

1st November, 1960

With the Open Day only five days behind, the visit of Her Majesty Queen Elizabeth The Queen Mother gave opportunity for a further flourish of fine hats. This time the men had equal opportunity, and the morning coats of the Governors and Senior Staff added a touch of distinction in the crowded Physiology Theatre to which Lord Cunliffe escorted the Queen Mother.

Miss Jaqueline Marshall presented a bouquet and the ceremony had begun. After welcoming the Queen Mother, Lord Cunliffe called upon Matron to present the first of the reports which were to be given. The outstanding feature of these to anyone unfamiliar with the occasion was their quality; not only were they interesting: they were extremely well delivered. Matron's report that there was no shortage of intelligent and charming applicants to the nursing school brought an appreciative rustle from the male part of the audience. She spoke of the training, and then took the opportunity to thank the Nurses' League and the Governors for their generosity in assisting herself and three trainees to visit Melbourne next Spring. They are to attend the 12th Quadrennial Congress of the International Council of Nursing, and will be visiting other hospitals and health centres on the way to Melbourne. Miss Addison also thanked the nurses who were finishing their training and with a quick look up at the balcony (where the fourth year nurses sat) she reminded them that Guy's and the Boro' needed their help just as much as more exotic and distant lands.

The Principal Sister Tutor's report followed. Sister Stockdale said that 182 girls had entered the Preliminary School at Nuffield this year, and that 18 nurses had come to Guy's from elsewhere to complete their training. She spoke of some of the changes that were taking place in the School; Surgical and Medical lectures and an introductory Obstetrics course are now being given in the first year. A new practical classroom is under construction at the Evelina, and the block system of training is to be used there. The most important proposed change appeared to be the combined scheme of training which will enable students to qualify as a State Registered Nurse and a Registered Sick Children's Nurse in a period of 4 years 2 months. More nurses are being encouraged to train for the Mental Register, the Guy's course beginning at the York Clinic and concluding at Bexley or Holloway.

Sister Falwasser, the senior ward sister, spoke of the qualities that make a nurse (when she began nursing her mother advised her to practice needlework beforehand, whilst her brother suggested weight-lifting). She welcomed the efforts that were being made to release nurses from 'non nursing duties' and the advent of labour-saving devices, both of which contributed to the conservation of

Her Majesty
The Queen Mother
with the Cazenove
Medallists.
(l. to r.), J. Marshall,
J. Y. Everard, and
J. Reynolds.

nursing power. Ease and economy in a nurse's work were the hall-marks of a good training, and gave a nurse time to care for a patient and time too to enjoy nursing.

The prizes were presented by Her Majesty, culminating with the major awards:

Cazenove Gold Medal .. Miss J. Y. Everard.
Cazenove Silver Medal .. Miss J. Marshall.
Cazenove Bronze Medal .. Miss J. Reynolds.
The Jean Morton Award.. Miss R. M. P. McKee.
Butterworth Medals for long service:
The Misses Molly Hilton, Margaret Neeve, Hilary Smith, Beryl Warne, Hilary Young.

The Queen Mother congratulated the prize winners and all who had completed the course. After some general comments about nurses' training she continued :

" In a hospital such as Guy's the student nurse has advantages undreamed of in years gone by. The comprehensive training you receive gives you every chance to develop character and is an excellent preparation for posts of responsibility anywhere in the world.

You have received a thorough grounding in the theoretical aspects of your work and all the scientific apparatus of modern medicine has been available to you. But I know that at every stage you have been taught to realise the equal importance of your duty as practical nurses, and of your personal relationship with your patients, to whom your gentleness and compassion will be as valuable as any modern medicine.

In this respect I am interested to know that the experiment in 'patient assignment' still continues, for the patient must gain great comfort from knowing that one person is 'his nurse' and that to you he is 'my patient', not 'one of my cases'.

The growth of this Hospital from its earliest days has been one long adventure. The building of the new Surgical Block is a further landmark in the history of Guy's. How proud you must be to belong to such a wonderful hospital and to take part in the 'adventure' of modern medicine.

No longer is 'the common round, the daily task' all that you can expect from your work. The miracles which medical science makes possible today seem endless, and your part in working these wonders is vital. You have indeed chosen a profession which is infinitely worthwhile.

I believe that you will carry the spirit of adventure with you in the future, always striving for the best and bringing hope and comfort to your patients and to their families.

I congratulate you most warmly and I wish each one of you success in your work and joy in its performance."

The Superintendent's speech was the last of the afternoon, and he could speak with first hand experience of Guy's Nurses as he had recently been a patient in the Hospital. He was a good advertisement for them, for he looked very well. He praised the kindness, the proper boldness and the professional conduct of the nurses. Miss Jill Everard, the gold medallist, gave a fluent vote of thanks and the

ceremony was over. Amidst a battery of photographers' flash bulbs the Royal party left—each of the audience would have their own special memory. For the parents it would be their own daughter receiving a prize whilst for the uncommitted it would be a happy jumble of scenes: the attractive sight of the well brushed and pressed phalanx of nurses who were the prize winners, the remarkable sleight of hand with which Nurse Doreen Marsh whilst curtsying popped one book behind her back and was there again empty handed curtsying again to receive another prize, the way in which Lord Cunliffe with obvious familiarity bore the meaningful looks of the speakers as they referred to their own particular need for more equipment or more space. Some will remember with pleasure the homely beginning of Miss Falwasser's speech, others the look of gleeful recognition on the Queen Mother's face as she chanced to see the author's name on a book she was presenting (Conybeare and Mann). The mischevious will chuckle for years to come at the confusion of the over-eager steward in Hunt's House who opened the lift door 2 feet too soon so presenting just the top half of a caged Royal Party to the audience. Those in *Ruth* Ward will remember the way Her Majesty stepped carefully into their doorway to wave. For each there would be some particular happy incident and for all it was an afternoon to be remembered.

CORRESPONDENCE

Letters to the Editor of the Gazette

N.H.S. Dental Practice

SIR,—May I point out both to Mr. Kurland and to my other colleagues who were kind enough to send me specimens of Form E.C.25a, variously inscribed, that I am well aware of the existence of this form. Perhaps, however, it has escaped their notice that this is intended to be used only for such patients as are expected to return regularly for treatment. I confess to a feeling of envious admiration for practitioners whose patients invariably return; many of mine do not.

A disadvantage which I found, some years ago. when I did use Form E.C.25a for some of my patients was the obliteration of the patient's details due to normal wear and tear after numerous visits. An additional advantage of my own method is that it is always obvious at a glance whether or not the patient is under treatment, as I find it most convenient to file the records of patients under treatment separately.

Finally, may I agree most strongly with Mr. Reddings in advocating the adoption of the National Health Service form of chart in teaching hospitals, as it is an excellent and straightforward form of record, and could I think be standardised to the advantage of everybody.

Yours etc.,

P. F. HOWE.

17, The Grove,
Finchley, N.3.

Appreciation

SIR,—It is with great regret that many of us learn that Miss Lund-Linton is leaving Guy's after such a short period of office as Domestic Supervisor. During her short stay, she has given us every co-operation and has always taken positive action over many domestic problems.

We wish her every happiness in her new post. Alas, Guy's loss, another's gain !

Yours etc.,

THE SISTERS WHO HAVE BENEFITED.

Guy's Hospital, S.E.1.

Guy's Australian Dinner

SIR,—May I report to the *Gazette* that the Annual Guy's Hospital Dinner was held at the Earl of Zetland Hotel in Adelaide, on Saturday, 15th October. A total of 17 people was present, being Guy's men in South Australia, their wives and also those who have, at some time, done post-graduate study at the Hospital. Those present were :

Dr. and Mrs. D. P. Finnegan.
Dr. and Mrs. Ian MacLeod.
Dr. and Mrs. Martin Huntley.
Dr. and Mrs. Phillip Hodge.
Dr. and Mrs. John Gordon.
Dr. and Mrs. T. A. R. Dinning.
Dr. and Mrs. John Bullen.
Dr. and Mrs. Ross Reid.
Dr. Kevin Anderson.

Letters were read from Guy's men both in South Australia and inter-state, expressing their disappointment at being unable to attend, and asking for details of next year's dinner. An excellent evening passed all too quickly.

Yours etc.,

K. F. ANDERSON.

Box 14,
Rundle Street, Post Office,
Adelaide.

Landon Tea Fund

SIR,—May I once again make an appeal on behalf of the Landon Tea Fund. We hope to invite about 230 children to the party in O.P.D. on Thursday, 22nd December, 3-6 p.m.

Gifts of money—also books and toys (new ones please !), will be most gratefully accepted.

Yours etc.,

DORIS CHRIMES,
O.P.D. Sister.

Guy's Hospital, S.E.1.

G. E. Gartside

SIR,—As it was impossible for me to thank personally all the members of Guy's who kindly contributed towards the magnificent Decca Stereogram and long playing records which were given me on my retirement, I would be most grateful if you would allow me to use your *Gazette* as a means of doing so.

The instrument and records will never let me forget the wonderful time I had and the many kindnesses shown to me whilst at Guy's in the National Provincial Bank.

Yours etc.,

G. E. GARTSIDE.

88, Hamilton Avenue,
Ilford, Essex.

Rugby

SIR,—Those of us in the junior teams who play coarser (but hardly rougher) rugby than the 1st XV are delighted to note both its success and the popular support it is receiving amongst members of the Hospital. This has reached such a pitch that one (unmarried) second row forward was recently heard to remark that thirteen different nurses had offered to darn his rugby socks.

I hope that my congratulations will not be mistaken for envy nor my attitude as being in any way "Holier than thou".

Yours etc.,

CAPT. EX B (proposed, but not nominated).

Guy's Hospital, S.E.1.

Compulsory Lectures

SIR,—I can confirm E. D. Scott's claim that it was the inscrutable Morley of the long memory who held the office of Janitor, and took our names at those compulsory lectures. I think that normally the doors were left unlocked—perhaps in the interests of the less conscientious—but I vividly remember one day in the old Anatomy Theatre when a would-be defaulter—seizing his opportunity when the lecturer's back was turned—made a swift and cat-like dash for the swing doors only to find them locked. The burst of cheers and laughter that greeted his baffled endeavour and dispirited retreat to his seat still echoes in my ears. I think that throughout my years at Guy's, 1904-1911, Morley was at his post.

Yours etc.,

E. A. PENNY.

Newtown House,
Beaminster, Dorset.

SPORT

RUGBY

Guy's v. Old Blues

At H.O.P. 5th November, 1960

Result—Won 17-9

The Hospital recorded a sound win, by a goal, a drop-goal and three tries to two penalty goals and a try against an undefeated Old Blues XV, and thus brought their total of games won to four, with four lost. Owing to an injury to Bryant, Leyshon moved to the centre and Hollingsworth was brought in at fly-half.

Although the going was heavy underfoot, the ball was dry and from the start both sides handled freely. Play swung from end to end, until from a scrum well out and ten yards from the Old Blues' line, Hollingsworth received the ball and with delicate accuracy kicked diagonally to the opposite corner. Biggs following up fast, caught the ball and dived over in *the same movement. The kick failed.* Old Blues attacked straight from the drop-out and after sustained pressure were successful with a penalty kick, following an attempted pushover.

Treadwell was gaining the greater share of the ball in the scrum, but in lines-out and loose Old Blues were often more successful. When in possession the Hospital attacked with some well placed kicks, whereas the Old Blues preferred to handle. However, both defences held and the sides changed over with the score even.

On the resumption, the ball changed hands frequently until a strong run by Egwuatu brought Guy's to the Old Blues '25'. With play moving across the field from a line-out, an attempted kick-through by Ivanans was charged down, but Leyshon seizing the loose ball, passed out to Biggs, who crossed in the corner. A good conversion attempt by the latter fell just short.

The lead gave Guy's an air of confidence and a determined foot-rush soon took play to the Old Blues' line, where from a scrum, the ball travelled quickly to the wing and then back inside to Ivanans, who, finding his path blocked, dropped a goal. Old Blues suffered a blow shortly after the kick-off, when a centre went off with a damaged leg. Another long run by Egwuatu put Guy's in an attacking position. A successful break by the forwards from a line-out was carried on by English, who passed inside to Ivanans. The latter, on breaking through, turned back inside and gave Treadwell a clear run in under the posts. Biggs converted bringing the score to 14-3.

In spite of the score against them and the loss of a man, the Old Blues showed no lack of fight and were soon storming the Hospital's line. A penalty in front of the posts and a try from a cross-kick reduced Guy's lead and greatly inspired the visitors. For a long period they hustled the Hospital pack and backs. Myall was severely tested at full-back, but he played soundly and always managed to find touch.

In the closing stages, the Hospital reasserted their superiority and Hollingsworth, receiving continued good service from Nicholas, reproduced former artistry and kicked across to Biggs, who gathered and touched down. The latter was unable to add the points and the game finished at 17-9.

Team: R. W. T. Myall; D. A. Biggs, J. Leyshon, P. Ivanans, E. Egwuatu; R. Hollingsworth, J. D. Nicholas; A. C. Knight, W. T. Treadwell, D. Richards; P. W. R. Harris, B. Blackwell; D. R. A. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English.

Guy's v. Old Whitgiftians

At Croydon 12th November, 1960

Result—Lost 3-17

Playing on a muddy ground at Croydon, Guy's were soundly defeated by a team generally considered to belong to a lower class of rugby than most of the Hospital's opponents.

Once a season every club has a day on which they play so badly that one wonders how they ever win a match at all, and this was such a day for Guy's. The whole team appeared sluggish and ponderous, as though they had come out onto the field following a heavy Christmas Dinner and were not going to give themselves indigestion by taking too much exercise. With the exception of Lloyd-Edwards and Treadwell, the forwards showed none of the vigour and ruthlessness which has characterized their play this season and enabled them in the previous match to crush the Old Blues pack into the ground. Robust play is essential against inexperienced opposition, for psychological as well as practical reasons. Nobody encourages foul or vicious play, but rugby is not a game where good manners count for much, and as the Guy's forwards well know, the powerful clubs in the country possess men hard and willing enough to 'dish it out' as well as take the knocks. Against Old Whitgiftians some of the forwards played as though they were at the vicar's tea party, and the result speaks for itself.

Apart from the obvious lethargy, the general impression was that Guy's were completely mistaken so far as their tactics were concerned: the conditions cried out for a high kick and 'follow-up', whereas the Guy's backs seem obsessed with the idea that they must get the ball out to the wings by passing the ball down the line—a hopeless move on such a day, and one which resulted in numerous mistakes and lost yards of valuable ground. What is most disturbing is that no attempt was made to change the tactics when things began to go wrong—surely a 1st XV player should be able to kick the ball without being told to do so ? On two occasions Egwuatu saved certain tries at the last minute by his speed in defence, following appalling errors by the Guy's centres which resulted in interceptions.

In the first-half Guy's were subjected to intense pressure, and conceded two penalty goals and one converted try: the latter resulting from a 'blind-side' break which found the defence totally absent. Playing down the slope in the second-half Guy's improved somewhat, and a break by Bryant enabled Richards to send in Knight for a try, via a forward pass which was not seen by the referee owing to his persistent *inability to keep up with the play. The* performance of the referee, in common with that of the Guy's team, was thoroughly second class.

Two further tries were scored by the Old Whitgiftians to complete a disastrous day for Guy's, and the score of 17-3 was a fair reflection of the liveliness and adaptability to the conditions shown by the opposition. Having got this game out of the way, let us hope for a return to the form of previous weeks, with more robust play by the forwards and more variety and adaptability by the backs.

Team: R. W. T. Myall: D. A. Biggs, J. Bryant, J. Leyshon, E. Egwuatu; R. Hollingsworth, J. D. Nicholas: A. C. Knight, W. T. Treadwell, D. Richards: J. Cook, P. Peace; D. R. A. Lloyd-Edwards, S. A. Cooke, T. A. H. English.

SQUASH

Cumberland Cup Match

Guy's v. Eton Manor

Result—won 3-2

D. Richmond beat E. Barrett 3-1.
M. Blake beat A. Lockie 3-1.
A. Gazdar lost to A. Barrett 1-3.
D. Hall lost to C. Jenkins 2-3.
P. Sievers beat K. Kablean 3-0.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the following **Dental House Surgeon** appointments, for the period **1st January to 30th June, 1961.**

For General Duties : 8 vacancies **(one of which is Resident)**
Prosthetics Department : 1 vacancy.
Children's Department : 2 vacancies.

Applications should be lodged with the **Superintendent** not later than **Friday, 25th November, 1960.**

Applicants may apply for any of the posts advertised and should indicate their preference. They will not be considered for any post for which they do not appy.

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

J. S. Cameron
G. M. Davies
M. J. S. Langman

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Primary Examination

S. A. R. Cooke
K. V. Cooper
R. C. L. Feneley
P. S. Firth

NURSING NEWS

Entered :

Sister I. Amey to *Evelina.*
Sister T. Stewart to *Theatres.*
Staff Midwife K. Coan to *Victoria.*
Staff Midwife M. Chung to *Victoria.*
Staff Midwife J. Calvert to *Victoria.*
Staff Nurse J. Clemmy to *Nuffield B.*
Staff Nurse C. Golder to *Nuffield A.*
Staff Nurse J. Marshall to *Astley Cooper.*
Staff Nurse L. Payne to *Front Surgery.*
Staff Nurse H. Ross to *Esther.*
Mr. Clay (Male Nurse) to *York Clinic.*

Left :

Sister Purves from *New Cross.*
Staff Midwife F. Hyde from *Salomon's Centre.*
Staff Midwife D. Loveday from *Salomon's Centre.*
Staff Nurse R. Allan from *Nuffield Theatres.*
Staff Nurse B. Rowe from *Evelina.*
Staff Nurse E. Major from *Evelina.*

Study Leave :

Sister H. Young from *Bright.*

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

REQUIRED

DENTAL PRACTICE WANTED in approximately one year's time by two experienced Guy's Dental Surgeons. Box No. 243.

DENTAL SURGEON as Assistant to Eastbourne Practitioner (Guy's Man). Partnership later if mutually required. Box No. 244.

THREE GUY'S MEN in conservative Dental Practice in Sevenoaks need part or full time assistant for whom accommodation could be provided. Remuneration by arrangement. Box No. 245.

GUY'S MAN requires young, well qualified, congenial and hard working Assistant with a view to partnership in one of the oldest qualified Dental Practices in the country. Three partners at present, a fourth is required. Box No. 246.

PART TIME ASSISTANT DENTAL SURGEON, South London in four Surgery Practice. Half hour from London Bridge. New Equipment, Airotor. Box No. 247.

FOR SALE

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s*. each. Postage, Packing 2*s*. extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d*. each. Coat of Arms 5/6*d*., PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1.

GUY'S CHRISTMAS CARDS may be obtained from the *Gazette* Office, 16, St. Thomas's Street S.E.1. Price, 3/6*d*., 5/-*d*. and 7/6d. per dozen. Postage and packing 1/- extra per dozen.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Batty Shaw, A. Crohn's Disease. *Med. Pr.*, 1960, **244**, 314.

Bishop, C. Discussion on Accidents in the Operating Theatre. Electrical Monitoring of the Cardiovascular System during Anaesthesia. *Proc. R. Soc. Med.*, 1960, **53**, 849.

Bockner, Victor. Hysterography and Ruptured Uterus. *J. Obstet. Gynaec. Brit. Emp.*, 1960, **67**, 838.

Bradbeer, John W. Staphylococcal Cross-Infection in Surgery: Two-Year Study of Preventive Measures at Bristol Royal Infirmary. *Nurs. Mirror*, 1960 (28th October), **111**, ii.

Brain, R. H. F. Discussion on Accidents in the Operating Theatre. The Heart Under General Anaesthesia. *Proc. R. Soc. Med.*, 1960, **53**, 848.

Camps, F. E. Death and Disablement on the Road. *Middx. Hosp. J.*, 1960, **60**, 153.

Clarke, C. A. and another. The Genetics of Papilio Dardanus, Brown. III. Race Antinorii from Abyssinia and Race Meriones from Madagascar. *Genetics*, 1960, **45**, 683.

Morrant, G. A. and another. The Development and Application of Modern Methods in Cavity Preparation. Part VIII.—Factors in the Design and Operation of Turbine Handpieces. *Brit. dent. J.*, 1960, **109**, 295.

Morrant, G. A. and another The Development and Application of Modern Methods in Cavity Preparation. IX.—The Material and Design of Cutting Points. *Brit. dent. J.*, 1960, **109**, 334.

Oppé, Thomas E. Clinical Genetics and the Practitioner. *Med. J. South-West*, 1960, **75**, 77.

Poyton, H. G. and another. Prevention of Damage to the Inferior Dental Nerve During the Extraction of Mandibular Third Molars. *Brit. dent. J.*, 1960, **109**, 355.

Ross, D. N. A Heart-Lung Machine for Infants and Young Children. *Lancet*, 1960, ii, 1065.

Simpson, Keith. Discussion on Accidents in the Operating Theatre. *Proc. R. Soc. Med.*, 1960, **53**, 843.

Sturdy, D. E. Incarcerated Inguinal Hernia in Infancy with Testicular Gangrene. *Brit. J. Surg.*, 1960, **48**, 210.

Smith, M. E. N. Vocal Cord Paralysis as Criterion of Inoperability in Bronchial Carcinoma. A Diagnostic Dilemma. *J. Laryng.*, 1960, **74**, 697.

Tibbs, David J. Selective Surgery for Gastroduodenal Haemorrhage. *Brit. med. J.*, 1960, ii, 1346.

Tomkinson, J. S. Hospital Reports. *J. Obstet. Gynaec. Brit. Emp.*, 1960, **67**, 859.

Warren, M. D. Staff Fitness and Staff Morbidity. *Med. Offr.*, 1960, **104**, 205.

Warren, M. D. Local Authorities and the Care of Handicapped People. *Occup. Ther.*, 1960, **23**, 14.

APPOINTMENT

I. P. James: Hon. Assistant Psychiatrist Royal Perth Hospital, and Psychiatrist, Heathcote Hospital, Perth, Western Australia.

CHANGE OF ADDRESS

D. A. Lillicrap, M.R.C.P., 33, Tarnwood Park, Court Road, Eltham, London, S.E.9.

John F. Pritchard, M.R.C.S., L.R.C.P., Trees, The Green, Bexleyheath, Kent.

BIRTHS

DERRY.—On 12th October, 1960, to Muriel (née Pudney), wife of J. D. Derry, B.D.S., a daughter (Claire Vaux), sister for Giles.

MILLER.—On 6th November, 1960, at the Norfolk and Norwich Hospital, Norwich, to Susan (née Mace), S.R.N., and John G. Miller, M.B., B.Ch., a son (Russell Aird).

MOFFAT.—On 3rd November, 1960, to Audrey (née Wride), wife of R. J. R. Moffat, M.R.C.S., a son (Timothy Julian), a brother for Pamela and Jeremy.

MARRIAGES

CRANE—HYDE.—On 10th November, 1960, at Leicester, Colin S. D. Crane, M.R.C.S., L.R.C.P., to Freya M. Hyde, S.R.N., S.C.M.

HAYES—FINDLAY.—On 15th October, 1960, at Chorley Wood Church, Herts J. S. Geoffrey Hayes, M.R.C.S., L.R.C.P., to Elizabeth Mary Findlay.

DEATH

VENNARD.—On 29th October, 1960, in the Royal Marsden Hospital, Agnes Victoria (née Wells), Student Nurse, Staff Nurse and Sister, Guy's Hospital 1922-1935.

EDS. {D.N.L. S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1888 *3rd December* 1960 *One Shilling*

PASSIM

WITH sadness we record the death of Mr. B. Lees Read, for twenty three years Clerk to the Governors.

Two months ago he handed us his sixth article on *The Rebuilding of Guy's Hospital* saying "My story is now finished". We are glad that he saw New Guy's House complete, as to many it will be an ageless reminder of his enthusiastic and far sighted work for the Guy's of the future. It is a fine memorial.

There will be a service in the Hospital Chapel in his memory at 12.30 p.m. on Monday, 5th December.

We congratulate the Golf team upon their victory in the Inter-Hospitals' competition. This, their eighth win of the last ten years, is an outstanding record and a formidable challenge for the next decade.

Earlier this year we recorded the spontaneous gift from the people of Chard, Somerset, to Dr. Robert Fawcus on his retirement from General Practice.

On Saturday, 26th November, Dr. Fawcus was admitted as an honorary freeman of the Borough of Chard. This, the highest honour a borough can bestow upon a burgess, has only been received by two other people since the war, the late Miss Margaret Bondfield, and Sir Cullum Welch, a recent Lord Mayor of London.

We wish him all happiness in his retirement.

Seldom have forty Residents at supper appeared so animated—the answer, the materialisation of the long awaited pay rise. Even in the insubstantial form of a pay slip it was exciting, although the retrospective charge for board and lodging would appear to be a little difficult to justify.

GUY'S DIARY

DECEMBER			Exhibition. *Bone Tumours.*
5th	M	12.30	Memorial Service for the late Mr. B. Lees Read in the Hospital Chapel.
6th	T	1.00	Dr. Bishop. Clinical Lecture.
8th	Th	1.00	Dr. Hind. Clinical Lecture. *Signs and Stages of Anaesthesia* (with a film).
10th	S	10.00	Surgical Departmental Round in the Clinical Theatre conducted by Mr. G. Blackburn.
10th	S		Rugby. Guy's *v.* Old Cranleighans at H.O.P.
12th	M	1.00	Mr. Batchelor. Clinical Lecture.
13th	T	1.00	Mr. Eckhoff. Clinical Lecture.
15th	Th	1.00	Mr. Grant Massie. Clinical Lecture.
17th	S		Rugby. Guy's *v.* Streatham at H.O.P.

NOTICES

PUPILS' PHYSICAL SOCIETY

This society was founded about 1830, and is a direct descendant of the Physical Society which flourished at the end of the 17th century. It is the students' clinical society at Guy's, and it is run by students, with the help of two secretaries who are registrars.

Clinical meetings are held during the year, and students from other hospitals are invited to many of them.

The Secretaries this year are Dr. Lessof and Mr. Boulter, and the Committee consists of Dare, Pryse-Phillips, Jensen, Jago, Calne and Snow.

Following the meeting last week it is hoped to hold a film meeting in early December. There will be further clinical meetings in the Spring term and the annual lecture will be given in May.

D. R. HARVEY,
Hon. Secretary.

GUY'S SCIENCE CLUB

The next meeting of the Guy's Science Club will be held in the Staff Common Room on Wednesday, 14th December, 1960, at 4.45 p.m., when the topic for discussion will be :—

"Some metabolic studies in relation to Kwashiorkor."

Short contributions (each of approximately 15 minutes' duration) will be given by the following speakers :—

Dr. I. Macdonald	'Carbohydrate Metabolism'.
Dr. R. W. R. Baker	'Lipid Metabolism'.
Dr. P. J. Warren	'Copper Metabolism'.

Tea will be served in the Staff Common Room at 4.30 p m.

J. GRIFFITH
Hon. Secretary.

END OF TERM CAROL SERVICE

The carol service will be held in the Chapel at 7 p.m., on Thursday, 8th December, 1960.

The Chaplain is kindly conducting this yearly event and a short address will be given by the Rev. F. S. Skelton, the rector of St. Mary Magdalen, Bermondsey. As last year, a collection will be taken in aid of refugees.

All members and friends of the Hospital community are cordially invited.

SIMON S BROOK,
President, Guy's Hospital Christian Union.

OBITUARY

BERTIE LEES READ, O.B.E., F.C.A., F.H.A.

Bertie Lees Read's death on 19th November was not altogether unexpected as he had been in poor health for the last two years, not that he allowed this to interfere with his work except when quite unavoidable. Lees Read was a Lancastrian, and proud of it; he had all the directness and capacity for hard work that one associates with one from that northern county. After school years at Burnley Secondary School he became an articled accountant, and even in those days must have shown unusual ability and self confidence; he liked to tell of the fraudulent farmer who ingeniously cooked his accounts, and how he, Lees Read persuaded his employer to allow him to do a "spot check" at an unusual time. This resulted in the unmasking of the fraud, but also a hurried departure by Lees Read on his motor bicycle with a revolver threatening his back from the doorway of the farm.

In 1932 Lees Read transferred to hospital administration and showed great ability in dealing with the finances of the Birmingham Hospitals. In 1937 at the age of 34 years, he was appointed Clerk to the Governors at a time when Guy's finances were in a particularly parlous state. He quickly identified himself with the Hospital and started on what was to be his life's work. Then came the war and all the dislocation of that time, followed by peace and further difficulties; however, during these years Mr. John E. Humphery, Treasurer of the Hospital, had persuaded the Court of Governors to agree that Guy's should purchase the land east of Maze Pond, as it became possible, so that Guy's could one day rebuild. With great energy Lees Read tracked down the various owners and Guy's acquired the site on which New Guy's House now stands and on which further building will one day take place. From this time Lees Read made it his ambition to see that Guy's should be first in the field with new building, and to this end, on top of all the work associated with the introduction of the Health Service, he bent his tremendous energies, first of all to build up the endowment fund and then to get the building designed and built. Though the Governors have been not only responsible for what has been achieved, but have laboured hard themselves, the greatest burden of this immense task had to fall on the Clerk, and no one could have been better fitted for it.

Lees Read was a man of remarkable ability, with a clear brain, quick and shrewd in all financial and business matters. He was quick to see an opportunity in difficult negotiations and had an ability to ignore what was irrelevant or of little importance, and get to the root of a problem; he would often cut across difficulties and "red tape" which threatened to stifle a project and could produce a solution or the way to a solution that others could not see. He was not only resourceful, but had that determination and persistence which is essential if a man is to carry through great enterprises even though it may cost him his own health. As I have said, he identified himself

with Guy's and more than once refused the offer of a post in the City which would have brought him far greater financial reward though less satisfaction.

It is undoubtedly for his work in implementing the decision to start the rebuilding programme at Guy's that he will be best remembered, and in particular for the hard work that has produced New Guy's House, the lighter side of which is referred to in his story recently completed in the *Gazette*. If we see further new building in the next few years that too will in part be the result of his unflagging energy in spite of increasing ill health. In this connection, however, nothing could persuade him to reduce his exertions, for he enjoyed it all and took great pride in what was achieved; he was determined to keep control of all that had to be done, not only so that the work should be carried out as intended, but also so that the cost should be no more than was agreed with the Ministry of Health.

Outside the Hospital Lees Read was also active, and in particular he played an important part in the affairs of the Institute of Hospital Administrators. He was Honorary Treasurer from 1938 to the time of his death apart from the years 1948-51, and it was largely due to his foresight that this body has the headquarters and resources that it now possesses. He was Chairman of the Council from 1945 to 1948, and President from 1948 to 1950. He was a member of the Council of the Hospital Service Plan organised by the London Association for Hospital Services before the war, and he was also a a member of the Committee of the Hospital Administrative Staff College which is organised under the direction of the King Edward's Hospital Fund for London and in which he was greatly interested. He seldom relaxed, but greatly enjoyed his garden and greenhouses and grew chrysanthemums, dahlias and many greenhouse plants to perfection.

Others will be better able to portray particular facets of Lees Read's personality and work, but enough has been said to give a picture of the man, though I would add that he had strong feelings and could be greatly affected by emotional situations, but he seldom showed more than a little of what he felt.

We say farewell to a very loyal Guy's man, who has done far more than most, and who by his efforts has greatly helped start Guy's on a new lease of life. To his widow and two step-daughters we give our sympathy in their great loss.

J.B.B.

Miss J. Addison writes :—

The news of the sudden death of Mr. Lees Read came as a great shock to the Sisters and to me, and it was to his wife that our thoughts first flew, knowing of the anxious time she has had during this past year, and how devastated she would now be.

It is tragic to think that at the peak of his career this able man should have been deprived of the joy of seeing New Guy's House completed and handed over to the Board of Governors, as it was to this end that he devoted his life in service to our Hospital. In fact, it is very reminiscent of Thomas Guy, for he, too, died in 1725, ten days before his Hospital was ready for occupation. It is, however, appropriate that New Guy's House should now stand as a memorial to Mr Lees Read.

"I'll pay by cheque"

You *could*, you know. And what a difference it would make to your confidence and outlook if you had a bank account of your own. You'd be able to deal more easily with the cheques and warrants you receive and you'd be able to pay your own bills by cheque. Well—what's keeping you back? You can have a Westminster Bank Cheque Book account *now*. It certainly wouldn't cost you very much; it might not cost you anything at all, beyond the 2d. stamp duty on each cheque. Go and see the manager of your nearest branch now. You'll find he is very easy to talk to and you'll be surprised to find how little—if anything it costs to bank with us.

Bank with the **WESTMINSTER**

Ask for a copy of our booklet 'On Using Your Bank', free at all branches or by post from The Secretary, Westminster Bank Ltd., 41 Lothbury, London, E.C.2

Your nearest branch is:
34 BOROUGH HIGH STREET, S.E.1

Christmas Gifts

DUFF GORDON

EL CID

LIGHT

AMONTILLADO

SHIPPED BY:

RUTHERFORD, OSBORNE & PERKIN Ltd.

28 MONUMENT STREET, E.C.3

The Sherry that appeals to every palate

GEORGE PHILLIPS & CO.

(WINE MERCHANTS) **1942 LTD.**

7, ST. THOMAS'S STREET

LONDON BRIDGE, S.E. 1.

(THE WOODMANS)

FOR ALL WINES SPIRITS - - Etc.

Large Stocks—Varied Selection

FRIENDLY WELCOME & FAIR TREATMENT ASSURED

CHRISTMAS CLUB FACILITIES AVAILABLE IF DESIRED

Confectionery and Cakes

Cigarettes and Tobacco

All leading makers' goods in stock

Home-made Chocolates and Turkish Delight a speciality

'CANDY'

25 RAILWAY APPROACH

LONDON BRIDGE, S.E.1

AN APOLOGY!

We regret any inconvenience caused our customers by two recent burglaries at our branch.

Our "light-fingered friends" evidently consider we are worth a visit—why not you?

XMAS GIFTS

Once more we offer the finest value and the choicest range of practical Christmas presents for all members of the family.

May we suggest:

SLIPPERS for ladies, men and children, including a huge selection of T.V. slippers at 13/11.

BOOTEES Warm lined and comfortable for the ladies, Chukka boots for men.

NYLONS are always acceptable, large stocks are available.

HANDBAGS A superb selection.

and see "Snowball" the luxury shearling slipper in 5 pastel colours. Increased production means lower prices—now only 29/11d.

For all your footwear needs

Wholesale Bargain Stores

131, BOROUGH HIGH STREET, LONDON, S.E.1.

over 100 branches—for nearest write—

183 Kirkdale Rd., South Wigston, Leicester

I only want to pay tribute to Mr. Lees Read's financial genius, to his direct and courageous approach to all matters with which he was connected, to the wise counsel he always found time to give me whenever I needed his advice, to his unpretentious manner, and to the genuine interest he took in all matters concerning the welfare of the Nursing Staff as long as he was convinced that one was working to the right end.

We have lost the service of a fine man, but for his sake we must be thankful that he was spared a life of semi-invalidism which he would have found intolerable.

A. H. B. writes :—

Mr. Lees Read was my chief and friend for 14 years. He had some of the virtues and few of the failings of a great man. His ruthless drive and determination made him in many ways a master of events which he moulded to the one thing he always had in mind—the betterment of Guy's. He was impatient of failure or the second rate which he despised in others and would not brook in himself. In this lay the tragedy which too often accompanies an element of greatness—for him it was that his body was unequal to his will. He had a brilliant mind and a facility for cutting straight through to the heart of a problem. Though a master of detail when it served his purpose, he used it to his own ends with at times a superb disregard for accuracy if he knew that his aims were unassailable. Although to some a hard man, he had within him a measure to sentiment which could still surprise me and was coupled with a great loyalty of those who had served him well whatever their station. The greatest tribute I think he would have wished was to be known as a "Guy's man".

CORRESPONDENCE

Letters to the Editor of the Gazette

Dido and Aeneas

SIR,—The *Gazette* is continually besieged by anxious Club Secretaries "craving the courtesy of your columns" or "begging you to bring to the attention of your readers" their impending Dances, Dinners, Hops, Balls, Concerts, or even Bread and Cheese Luncheons

The reason's I suspect, a sneaking fear that if they were to submit notices instead of letters, the notices would have to wait till last for a place in the *Gazette*, and would thus be relegated to the small print sandwiched between *Passim* and The Main Article. Their fears are no doubt unfounded. Even so, I see no disadvantage in the fact that announcements of club activities should be allotted a certain place in your excellent magazine.

All the same, just for fun, I crave the courtesy of your columns *and* (to be quite certain) beg you to bring to the attention of your readers the Music Club performance of "Dido and Aeneas", an opera by Henry Purcell.

To be brief, the date is Friday, 9th December, at 7.30 p m , in the Chapter House, St Thomas's Street (opposite the *Gazette* Office). Tickets may be brought for 2/6d. from Smith's Bookshop.

Yours etc ,

ROBERT SELLS,
Hon Secretary, Music Club.

Guy's Hospital, S.E.1.

OBITER DICTUM

Patient : "Doctor, You've done a miracle,—you and God ".

Dr. R. Kauntze : "Now, now, let us not apportion the credit ".

Two Days

By " M.S.G."

It was on Tuesday the viruses decided to call on me and I began to stream from eyes and nose and my voice faded in volume.

Lots of us had had it and I must say that I privately thought my colleagues were a little inconsiderate in not keeping themselves to themselves, but *this* was before I knew the consequences of using common sense.

Tuesday was my half day and by the end of it I sat down with several handkerchiefs for some serious and, I thought, logical thinking.

Since the 44-hour week started shortages of nurses were not even a calamity, they were an impossibility and I would simply *hate* to give one tiny virus to one single nurse.

Then there were the patients. Would I be justified in breathing volumes of these vicious viruses over a Laryngectomy or the patient who had a lump removed from his thorax ? In these enlightened days it is not right to expose *any* patient to a wanton virus and when one really thought about it, it was definitely 'out'.

I decided to go off duty for 24 hours in my room in the house provided for Sisters. Now of all the quarters provided for the nursing staff, we in our house are blessed with the nearest approach to a *real* home: a kitchen complete with gas stove and refrigerator, along with the bare essentials of food. The little bits of what they fancy the sisters buy themselves. I even make jam and marmalade—but I digress. Let it be said that I could nourish myself nicely for a week if necessary and feel no hardship.

This, I decided, was the right thing to do, and I let the powers that be know accordingly.

With steaming jugs of lemon water, Disprin, Gees Linctus, my warm bed, and above all *quiet* I felt satisfied with my line of action. I did not even want to read.

I ate well . . . I slept well . . . but by next morning the viruses were having a mass meeting down my Larynx and trachea. Was it sore ! Even the lemon water stung like wasps and my voice had almost gone.

Now was the time for some more serious thinking. To go on duty or not ? Well, it was my half day again and for the sake of 5½ hours of work it was not worth it. Common sense said "stay where you are in the warm," so with due notification I acted accordingly.

My first cup of tea did a power of good and I was just starting on the marmalade when in swept a home sister "You've got to go to the sick room" she said without further preamble.

I explained the position and my line of thought. "It is no use" she said "orders are orders. Are you coming willingly or not ? "

A hot flush of anger swept through me and I gave myself a sharp pinch to see if half a century of experienced ward-sisterhood "27" vintage, really lay there—or was I metamorphosing into a child delinquent ?

I repeated myself with some heat." It is no use" she said, "Orders are orders. The Assistant Matron will come to fetch you in her car."

It is unfair to cause trouble with those who carry out orders. With bad grace I left my cup of tea and crept out of bed. My blood pressure was in no way lessened by dropping dark imprecations into my suitcase as I packed, then, like Wensalas, forth we went together into the chill of the Street and thence up into the sick room at the top of the Nurses Home.

My heart was sinking lower when a charming nurse greeted my scowls and suggested that I undress and got into bed. I had not undone the top button before four nurses in as many minutes arrived and departed with the same message. Evidently the Medical Man was approaching.

As I had been fetched from my breakfast without even a bath, I got into bed with an ever more camel-like reluctance and had scarcely pulled the clothes up when he arrived.

It was balm to learn that he agreed with the line and wisdom of my action and expressed sorrow that facilities had prevented him doing the same thing himself. I unbent sufficiently to shake his hand warmly and to thank him for restoring my confidence.

Nurses hurtled in and out with astonishing variety and frequence. Coffee—Disprin—name and address—next of kin—Inhalation—Certificate to sign. Sadly I suggested that the latter was a waste of time since the National Health Service would not supply spondulics for less than three days off work, but my protests were in vain.

"It is a new rule" nurse said firmly. I turned over the certificate to fill in the back and it was then that I saw something which stood out in black letters before my protruding eyes. "State" it said "when *you* expect to return to work." It could not be true—but—yes it was. I was to be allowed to tell them *myself!!* I shuffled like a hen on her eggs before I licked my pencil and wrote "8 a.m. FRIDAY, 30th OCTOBER " . . . but the day wasn't over.

An ever lengthening list of contracts grew hour by hour. Home Sister, six nurses, the Registrar, The Assistant Matron, a Consultant, Night Sister, two visitors—Alas ! my good intentions for isolation.

Disprin and inhalations arrived so frequently I scarcely had time to finish them. The head nurse looked pale and tired. "You ought to be in bed" I said to her, to which she replied "It's the Nursing Final Examination, you know, I've just taken it and the results will not be out until next Saturday."

Eventually, with a thermometer in my mouth, I bade good night to the hard working day staff and sank back in the pillows thinking of the long and restful night which stretched ahead, and I awaited the benediction of the night nurses. They offered hot Horlicks. Instead I took a large glass of grapefruit juice which had been thoughtfully left for the night. As the stinging juice met my virus bad I exploded into choking splutters and leaping out of bed I dived into my bag for a bottle of Gees Linctus and took a swig from the bottle. (Oh ! shame for those bottles of comfort I had taken for custody from new patients !).

Nurse came in with two Dovers powders and I settled back once

more to contemplate the warm comfort and drowsiness which pervaded me—then I became aware of the background to this embryotic night. It seemed that everyone in the Nurses Home had a different radio programme turned on full blast—and a large portion of the 600 nurses were playing "catch me if you can." Screams, flying footsteps, and doors slamming vied with the radios. With a deep sigh I reached for my sewing—sleep was impossible.

The next thing I knew was the sound of rusty hinges creaking and I realised with tingling scalp that my door was slowly opening. Stories of the nurses home flashed through my awakening senses as I switched on the light and my eyes looked for my handbag and then focussed on the door. "I came to see if you were asleep" said the night nurse "Is there anything you want ?" I looked at my watch—it was 12.30 a.m. and—only to sleep my mind implored.

The night life in the Nurses Home was still active. High heeled footsteps and girlish voices passed along unendingly and receeded down the corridor into remoter parts of the Home. The first preparation for breakfasts were in progress in the kitchen. Vaguely I wondered if one could lay trays and crockery by throwing them from one side of the kitchen to the other. Someone no longered wondered. They new.

Amiable feminine voices and gusts of laughter made me register 3.30 a.m. and between 5 and 6 a.m. the final preparation for breakfast claimed the attention of both night nurses, accompanied by music while you work—the strains of a hymn to which my sluggish mind put the words "Perverse and foolish oft I strayed."

I had now decided that as far as sleep went I'd had it, and when there was a gentle knock on the door and a nurse said "I'm just waking you up so that the calling bell will not startle you". I could say with feeling I had been awake for some time—and, anyway, why *is* there a calling bell *in* the sick room ?

It was only a matter of packing my bag and going—but before I left a final certificate was rushed in to be signed. "You must," said the nurse "have a FINAL one if you've had a FIRST."

On Friday morning, clad once more in starched apron and dress, I thoughtfully walked down the Street and towards the patients in the Ward. Had it been worth it ? I had got a free *Daily Telegraph*, and I had learned that the food stores keep mustard in tubes, but what about the next time and—isolating 'flu ?

Well . . . Would you ?

Twenty-Five Years Ago

Passim, 7th December, 1935.

The strenuous revalry that has always existed between Mr. Davies-Colley's and Mr. Slesinger's firm has now extended from tug-of-war in the Park to encounters on the golf links. Though this innovation, taking place, as it did, at Sidcup, was less spectacular than the tug-of-war as far as the Hospital and its patients are concerned, it was rendered remarkable to the players by a singular occurrence. At the sixth hole Mr. Eckhoff's ball flew from the tee and was lost to sight, until after some minutes search it was found nestling in the hole. After the resultant hospitality the intention was announced of contriving to produce a repetition of this phenomenon next year.

(*Eds.: P. W. Clarkson and M. A. Partridge*).

Medicos Look At . . .

Like an ability to get on well with people and an understanding of other people, a sense of humour is one of those things which everybody thinks they possess but whose existence in others they frequently doubt. It is, therefore, difficult to write about the subject of humour in ballet without trying to define what one means by "a sense of humour". This will not even be attempted since dictionary definitions do not apparently help, and C. S. Lewis' 30 pages devoted to the word "sense" in his recent *Studies in Words* deter one even further. Perhaps the psychologists and philosophers would really be of the greatest assistance as it is reasonably certain that one's sense of humour is dependent on one's infantile development and that the Logical Positivists would regard a discussion on what one means by "humour" as almost a *raison d'etre* of their philosophy.

In spite of this difficulty of terminology there can be little doubt that almost all ballets can be divided into those which are tragic, those which are humorous and those which are abstract. Sometimes what is mainly a tragic ballet may contain a short comic scene as in the first act of *Swan Lake* in which the old tutor of the hero-prince is persuaded, rather easily, to dance with one of the young peasant girls. His feeble attempts to follow her steps, his gripping of his back when he bends and his final collapse always produce a titter from the audience although one feels that this sort of joke is somewhat hackneyed. Occasionally the dancer introduces his own little touch of humour. Robert Helpman as the old doll-maker in *Coppelia* used to make four entries in succession and trip over the doorstep on each occasion so that, like the *Times* critic, one almost begged him to stop repeating the same joke so frequently.

It is not the humour of little incidents such as these but rather that of whole ballets which one would like to discuss. Three examples, two of which are due to appear in the next two months, are *Sweeney Todd*, *La Fille Mal Gardée* and *Pineapple Poll*. The first is the newest of these three and had its first performance in London last August although it was performed nearly a year ago in Stratford-Upon-Avon. The story is that of "the demon barber of Fleet Street" and its humour depends on the gruesome as well as the incongruous so that almost by definition it is both farcical and comic. The music by Malcolm Arnold is appropriately eerie, noisy or gay as the story demands but as a ballet it also must satisfy with its dancing and miming. There is just about enough of the former, and one recalls particularly the solo by the barber and the *pas de deux* by the sailor and soldier. Much of the humour depends on situations which are reminiscent of Mack Sennett comedies and the Keystone Cops (almost literally because groups of policemen move around the stage falling over each other and generally behaving stupidly) and slapstick. One assumes that there is a place for this type of broad humour in ballet but it all lacks subtlety and the jokes about meat-pies made from the barber's murdered customers, the table which keeps running away from Sweeney and the difficulty in murdering the sailor wear thin rather quickly.

La Fille Mal Gardée is historically an interesting ballet. It was

first presented in 1789 and is the oldest existing ballet to break away from the idea that ballet should be a succession of dances held together by any sort of plot. It was presented at Covent Garden for the first time last January with the music freely adapted from the original by John Lanchberg, the choreography by Frederick Ashton and scenery and costumes by Osbert Lancaster. The story is a simple one of a country girl who wants to marry a handsome country boy but is engaged to the dull-witted son of a local rich man. At the end the girl marries the man she loves. It may be recalled that most of the critics gave rave notices about this revival which were echoed by the New York critics when the ballet was presented there a few months ago. The present writer appears to be in a minority of one in his failure to appreciate its humour. Perhaps simple, rustic comedy does not appeal to him and he found most of the comic situations stale—the dancers dressed as hens in the opening scene, the heroine's mother played as a widow Twanky by a man, the stupid young man and his fat pompous father. Although it is the humour of the ballet that one is writing about it should be added that the choreography, especially for Nadia Nerina and David Blair, in the former's solo dances and their *pas de deux*, is original and complicated, with lifts which were probably never seen at Covent Garden before the visit of the Bolshoi Ballet a few years ago. Nerina has improved enormously as a dancer and her recent reception in Moscow and Leningrad would confirm this.

The most successful ballet from the point of view of humour is *Pineapple Poll*. This ballet starts off with the advantage of Arthur Sullivan's music, and Cranko's choreography is both witty and satirical if one can use the former word to describe humour which is not verbal. The presentation of the strutting, pompous captain, the attitude of the young girls and the sailors to him, the treatment of unrequitted love and the final tableau of Britannia (Gilbert would have loved this) have a freshness which is unusual. The introduction of Poll with her slightly obscene dancing is a subtle way of suggesting that she will stop at nothing to get her man. This ballet also has scenes of what almost amounts to slapstick, but the mixture of comedy and satire and the originality of the humour make this one of the most successful of the Royal Ballet's productions.

The subject of humour in ballet is almost endless. Massine's *La Boutique Fantasque* and *Three Cornered Hat* deserve a special study and it is obvious that Roland Petit's Gallic wit in *Ballabile* and parts of *Cyrano de Bergerac* does not appeal to some people. *Facade* always goes down well with its satire on male Mediterranean lovers and the flappers of the twenties. In spite of the successes one feels that too often the humour depends on somewhat antiquated jokes (old men chasing young women and being outwitted by young men, dancers tripping or slipping) and slapstick, a type of comedy one expects in a Christmas pantomime. Avoiding the obvious and shunning the old must be the most difficult things to achieve when trying to be funny. On the other hand it may be accepted that old jokes are new to the next generation and were this not so, what would so many of our lecturers do ?

REVIEWS

Man's Presumptuous Brain. By A. T. W. SIMEONS, M.D. Longmans. First published 1960. *Price* 25*s*.

This stimulating and entertaining book will be widely read by those interested in the complexities of psychosomatic illness. Dr. Simeons displays considerable ingenuity in viewing from an evolutionary standpoint the genesis of a variety of common human afflictions from obesity and hypertension to impotence. Three introductory chapters deal with the evolution of man; these are clear and highly informative. Nor are the most recent aspects of human emotional development neglected and we read for instance that 'in modern man weeping was the only all-round satisfactory emotional vent until verbalization on the psychiatrist's couch was introduced and began to replace it.'

It appears that primitive diencephalic responses to environmental stimuli occur in man much as they do in animals but may be prevented in some way from achieving conscious recognition. By means of biologically ancient neural and hormonal pathways these subconscious diencephalic responses, of which fear is the outstanding example, are translated into physiological effects. These effects are appreciated at a conscious level and frequently misinterpreted as to causation and significance. Dr. Simeons develops this line of argument with considerable skill and is particularly successful in satisfactorily accounting for a number of intestinal and sexual disorders in which emotional factors are widely accepted as playing some large though ill-defined part. In the case of many of the other diseases the discussion is less convincing and the conclusions drawn unwarrantably dogmatic. In addition some unusual pharmacological concepts are introduced which, if true, would demand the repeal of Cannon's Law, at any rate regarding the effect of circulating adrenaline on denervated arterial wall.

Scientific merit is not claimed by the author for this book which is written in simple non-technical style. It is to be hoped, however, that opportunity will be taken to correct some of the inaccuracies, which although not of great importance in themselves, detract appreciably from the otherwise very favourable impression created by this practical and enlightening book. J.F.H.

Biochemistry for Medical Students. By W. V. THORPE. Seventh Edition. J. & A. Churchill Ltd., 1960. 552 pp. *Price* 30*s*.

This well-known book is easy to read in spite of the very large body of knowledge crammed into about 500 pages and a good deal of it should be found genuinely interesting by people with no particular bent towards the subject. For this reason, and on account of the well-ordered presentation it would seem a good book from which students can actually learn their biochemistry, though perhaps the sections on oxidation-reductions and on the general properties of enzymes could be explained more clearly. On the other hand, one cannot wholeheartedly recommend the book.

Since the Sixth Edition was published in 1955, the advance of knowledge in biochemistry has maintained its rapid pace. Dr. Thorpe has slipped into the previous text some of the important new information which it is necessary for the already rather over-taxed brain of the student to assimilate. However, in some respects the book is not up-to-date and its general tone is sometimes inclined to make the reader feel that the author is sceptical of the reality of discoveries made in the past 20 years. For example, he mentions Schoenheimer (who died in 1941) and Rittenberg as having "recently provided what would appear to be decisive proof of desaturation (of fatty acids)"; this work was published in 1937. Again, in discussing the biosynthesis of cholesterol, he makes no mention of the role of mevalonic acid as a precursor of isoprene units, states that the details of the polymerisation of isoprene to squalene and the conversion of the latter into cholesterol are "unknown", whereas many of them have been worked out since 1955; and that the nature of lanosterol (an important intermediate) has not been determined, whereas its structure was completely worked out by 1952.

It is also not hard to find errors. One of the most glaring to the reviewer is the statement on one page that luteinising hormone is a protein, on another page that it is a steroid, viz., progesterone. Again, a diagram purporting to show metabolic relations among the steroid hormones contains at least three quite major inaccuracies. A few errors are probably inevitable in any book, but one feels that the time has come when the author should write a new edition of "Biochemistry for Medical Students" more thoroughly revised and corrected.

B.W.L.B.

Socrates on the Health Service. Published by the *Lancet*. *Price* 5*s*.

These twenty-four short conversations, all of which have appeared in the *Lancet*, are introduced by a most apt quotation from Hume to the effect that dialogue-writing is peculiarly adapted to the treatment of points of doctrine excessively obvious, important or obscure, for it unites the two greatest and purest pleasures of human life, study and society.

The dialogues that follow find Socrates, sharply logical, a commanding yet artistic referee, prompter and guide, drawing out the ideas of his friends and directing them along his own path with a few swift raps for the muddle-headed dissenters. Though his eminence is hinted at in the foreword, this Socrates remains tantalisingly anonymous—obviously not a midwife, but perhaps an obstetrician. Few could match his economy in words or his deliciously light touch whether he be engaging his fellows on Medical Research, or the Bomb or even the diseases of society (that culminate 'in a state of catatonia lasting several years and known as a Royal Commission').

So I was delighted with this little book. I found it a cheap guide to clear thinking and a witty one at that. I wish I knew the author—perhaps I do.

D.R.

The Early History of Surgery. By W. J. BISHOP. Published by Robert Hale Ltd. 1st Edition. *Price* 18*s*.

The trouble usually with books of this sort is that the author becomes so bogged down with impressive but tedius accounts of trephining among the ancient Phoenicians, and similar phenomena, that the work is only of interest really to people who specialize in the subject. Mr. Bishop has not fallen into this trap, because although his book is called *The Early History* it in fact chronicles events right up to the invention of anaesthesia and the first modern brain operations. This allows him to include amongst other people the intrepid Frenchman who in the absence of analgesics cheered his despondent patients by playing on the ten stringed psaltery. Also John of Ardennes (1307-1390) who charged £68 13s. 4d. for repairing an anal fistula and declared that everyone would be highly benefited by having an enema thrice yearly, the first recorded example of prophylaxis. And the sagacious Persian who lived in tenth century Bagdad and chose the site of his hospital by hanging bits of meat all over the city and building at that place where putrefaction was most delayed. To say nothing of the Hunters, the Clines, and the Coopers, in whose hands surgery reached the peak of its anecdotage. In such company one could never be bored, and Mr. Bishop, who is the librarian of the Wellcome Historical Medical Library and so well-informed as well as a very witty writer, presents them all in a racy, interesting and amusing style to which no comment as short as this can do full credit. Whether one wants information or amusement, this is a book well worth reading.

P.J.S.

The Newly Born Infant. By ANDREW BOGDAN, M.D., M.R.C.P.E., D.C.H. Paediatric Tutorials Series. *Price* 3*s*.

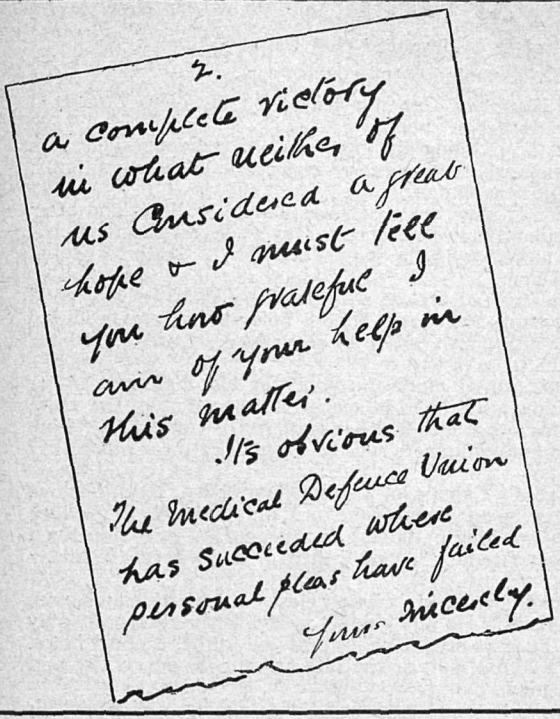
This booklet has been written to help the student acquire a minimal background of neonatal paediatrics. It consists of 38 pages of which 21 are blank. The reason for this is so that "the student will make his own notes and the book will become a personal record of clinical experience and viewpoint." The plan of the book is in note form with numerous paragraphs. Many of the common problems, such as feeding, cyanotic attacks, prematurity and jaundice are mentioned.

The notes are necessarily brief, and, inevitably, dogmatic statements are made, for instance that expressed breast milk need be diluted for premature infants. There are one or two spelling errors, such as prophyllactic, and an 'e' has been added to Coomb.

There are several important omissions, such as social factors in prematurity, the time of appearance of sternomastoid tumour, and hepatitis and ABO incompatibility as causes of neonatal jaundice.

The idea of a booklet such as this for the student to carry around in his pocket is good, but there are too many faults, in the present edition, and it cannot be enthusiastically recommended.

M.C.J.



Be sure that YOU belong to

THE MEDICAL DEFENCE UNION

The Oldest and Largest Organisation of its kind in the World

Secretary:
Philip H. Addison,
M.R.C.S., L.R.C.P.

Tavistock House South, Tavistock Square, W.C.1

Telephone: EUSton 4244/7

National Provincial Bank

"IN THE COUNTING HOUSE"

An Office of NATIONAL PROVINCIAL BANK LIMITED
is open for the convenience of the Hospital
Staff, Students and Nurses,
in the Counting House of the Hospital.

HOURS OF BUSINESS

MONDAYS to FRIDAYS: 10 a.m. to 3 p.m.
SATURDAYS - - 9.30 a.m. to 11.30 a.m.

Manager: Mr. E. KAYE

Banking facilities are available to meet all individual requirements and the Manager will welcome enquiries from Members of the Staff, Students and Nurses of Guy's.

SPORT

Final of Inter-Hospitals' Golf Cup

Guy's beat St. Bartholomew's 4 matches to 1.

The final of this years Hospitals' Cup was played on the New Course at Sunningdale, on Wednesday, 16th November.

The team assembled in the morning and proceeded to test their skills with pre-lunch practice in conditions which were nearly perfect for late Autumn golf: sun, a light breeze and a mild temperature.

From an observer's point of view the match was extremely close, and after 9 holes St. Bartholomew's were up in two matches to Guy's one, with two matches being halved. It was not until late in the match that Guy's greater skill and experience finally became evident.

In the top match Mummery had a close struggle with Coltart, a very good Bartholomew's man. After being two down after 8 holes Mummery produced 3 birdies in a row, to be 1 up at the 11th, and after being dormy 2, won by 1 hole, having an approximate scratch score of 74.

Cockerill playing second, proved much too good for his opponent. After a slow start when he was 1 down in 4 holes he recovered to be 2 up at the ninth and finally won 4 and 3. No other Hospital has a player of Cockerill's calibre playing second and both he and Mummery will be missed next year when they have left Guy's.

Playing third was this year's Captain of London University, T. G. Tetlow. He also had a close struggle, being one down at the turn, only suddenly to produce his best short game, sinking two long putts and an awkward 20 yard chip for a two, with his opponent having a certain 3. He then went on to dormy 3, finally winning 2 and 1.

Sievers played fourth and had another extremely close battle in his match, with the position varying several times. He was 2 down as late as the 12th hole, only in common with the rest of the team producing his best golf in the second 9 holes. The match was settled with a 20 foot putt on the 16th green to be dormy two and winning 3 and 1 on the next green.

Our only defeat was in the bottom match and Smith playing well below his usual form was beaten 4 and 2.

With the unavoidable absence of the President, N. L. Eckhoff, because of a previously arranged engagement, the club were extremely lucky to have A. L. Young, an old Guy's Captain (1934-7), on the spot to present the cup.

Guy's have now won the Inter-Hospitals' Golf Cup for 8 out of the last 10 years, which is a fair reflection of the high standard of golf at the Hospital.

Result :

Individual matches, Guy's names first.

R. H. Mummery beat T. Coltart 1 up.
R. J. Cockerill beat A. J. Miller 4 and 3.
T. G. Tetlow beat D. J. Rushton 2 and 1.
P. F. Sievers beat T. P. Stephenson 3 and 1.
J. A. Smith lost to R. B. Stanley 4 and 2.

P.D.G.

ROWING

The United-Hospitals' Winter Regatta

23rd November, 1960

The Junior Four entered by Guy's was drawn against St. Thomas's in the first heat and beat them by 1½ length. The crew went on to row very strongly in the semi-final, beating St. Bartholomew's "A", by a convincing 3 lengths. The final was rowed off with the London Hospital in cold blustering conditions. At the start Guy's went straight into the lead and passed the London boat house ⅔ length up. At Beverley Brook this lead had increased to 1⅓ lengths. Then London, putting on a hard spurt, pulled up to within a length of Guy's. The London, however, were unable to maintain this and Guy's went on to win by 1¼ lengths.

Crew : Bow : D. Gurney.
2. P. G. Inward.
3. B. D. Fitzgerald.
Stroke C. Hawes.
Cox A. Pickering.

In the junior sculls W. Long easily beat J. M. Fox of the Westminster Hospital to qualify for the semi-final. In his next race he was beaten by J. G. Scott of St. Mary's Hospital.

Guy's 1st VIII v. Westminster 1st VIII

On the 27th November, 1960, Guy's 1st VIII rowed against Westminster 1st VIII in a friendly match. The course was from Syon House to Kew Road Bridge. After a rather shaky start Guy's went into the lead and stayed there to win by 2 lengths.

Order of Rowing : Bow, P. D. Venning; 2, D. H. Richards; 3, D. Cooper; 4, T. Peet; 5, B. D. Fitzgerald; 6, P. G. Inward; 7, D. Gurney; Stroke, C Hawes; cox, A. Pickering.

GUY'S HOSPITAL SQUASH CLUB

Cambridge 19th and 20th November, 1960

Guy's v. Sidney Sussex College

D. Hall lost to B. Pierson 0-3.
P. F. Sievers beat D. Higginbottam 3-1.
C. Chantler beat P. Rakes 3-2.
W. A. Norman beat N. Faulks 3-2.
C. B. Boothby lost to R. Hughes 2-3.

Result—Won 3-2

Guy's v. St. Catherine's College

D. Hall lost to P. Taylor 1-3.
C. Chantler beat A. Bain 3-1.
P. F. Sievers beat D. Hillyard 3-1.
W. A. Norman lost to A. le Brocq 1-3.
C. B. Boothby lost to C. Hall 0-3.

Result—Lost 2-3

The Cambridge weekend included many activities, some of them less Philistine than squash, but all having their influence on the standard of play.

For instance, in an age of highly scientific preparation for all sport, a journey through London's Saturday morning traffic and up to Cambridge is hardly the best limber up for a hard afternoon's squash.

However, Guy's beat Sidney Sussex 3-2. Hall, who had unfortunately finished the curried prawns at lunch found himself unable to match the speed and accuracy of Pierson. Norman came next and was both entertaining and energetic. With a well-aimed shot to his opponent's right eye at game point, he compelled him to concede the match.

Chantler, an ex-Cambridge man, and therefore on home ground, appeared on court in a spotless sweat-band and defeated his opponent with gamesmanship to match. Boothby, who claimed to have come straight from the running track, won the first two games but found his stamina not up to three more with a very accurate player. Lastly, came Sievers who, quite unabashed by the other man's fantastic name, won his game and clinched the Guy's victory.

The match against St. Catherine's on Sunday afternoon was a different story. For one thing the team had spent the intervening hours seaeching for lodging, playing golf and being chared by a choice selection of deans and procters. Norman, frustrated no doubt by being unable to produce outright winners, contented himself by hitting the tin hard, several times and thus contributed in a very positive way to his defeat. Chantler and Sievers again had little trouble in winning their matches, but Hall had not yet found an antidote to curried prawns and was unable to summon his usual delicacy of touch.

The outcome of the match, therefore, depended on Boothby's efforts which, although unhampered by a morning's golf, were insufficient for the accuracy of his opponent. Guy's lost 3-2.

The team returned to London after a very satisfying week-end grateful for the excellent organisation of the Secretary, Paul Sievers, and the hospitality of the opposing teams whom they hope to meet in London at a later date.

Cumberland Cup Match

15th November, 1960

Guy's v. Lensbury and Britannic House Club

D. Richmond lost to C. Aylwin 1-3.
M. Blake lost to S. Lander 1-3.
D. Hall beat T. Aitchisson 3-2.
P. Sievers lost to D. Thomas 1-3.
C. Chantler lost to L. Priestly 1-3.

Match Result—Lost 1-4.

1st Round Inter-Hospitals' Squash Cup

22nd November, 1960

Guy's v. Kings College Hospital

Result—Won 5-0

Team : D. Richmond, M. Blake, A. Gazdar, D. Hall, P. Sievers.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for a **full-time Research Fellowship in the Thoracic Surgical Unit** for research on Cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Initial salary normally within the range £1,250 to £1,500 per annum, according to the experience and qualifications of the person appointed, but in special circumstances a higher initial salary would be considered. Applications with the names of three referees should be sent to the Dean, Guy's Hospital Medical School, London Bridge, as soon as possible.

Applications are invited for the post of **Registrar in the Department of Dental Prosthetics** with attendance on 5 sessions per week. Duties to commence as soon as possible until 30th September, 1961. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications with names and addresses of Two referees should be sent not later than **Wednesday, 14th December, 1960.**

Applications are invited for the post of **Senior Registrar in the Department of Diagnostic Radiology** with duties to commence as soon as possible. Applicants should hold the D.M.R.D. and preference will be given to those with a higher qualification in Medicine or Surgery.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **Friday, *16th December, 1960.***

Applications are invited for the post of **Medical Registrar (middle grade)** with duties to commence on 1st January, 1961.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **10th December, 1960.**

Applications are invited for the post of **Registrar (middle grade)** in the Department of Clinical Pathology with duties to commence as soon as possible.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **16th December, 1960.**

Applications are invited for the post of **R.M.O. in Nuffield House** (Private Block), graded **Senior House Officer**, duties to begin on 1st January, 1961. Applications, accompanied by copies of two recent testimonials, should be addressed to the Superintendent, Guy's Hospital, London, S.E.1, before **16th December, 1960.**

GUY'S-MAUDSLEY
NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for *six months* commencing on 1st February, 1961. The unit, which is housed in Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal and the Maudsley Hospitals. Applications should be made by **16th December, 1960,** to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

HOUSE APPOINTMENTS

1ST DECEMBER, 1960

Assistant House Surgeons

To :
Mr. Blackburn — Mr. T. J. H. Clark
Mr. Lawrie — Mr. T. Sherwood
Appointed for six months, the first 3 *as A.H.S.*

Mr. Glover — Mr. S. O. B. Roberts
3 *months*

Mr. Brain — Mr. A. P. Hopkins
Appointed for six months, the first 3 *as A.H.S.*

Assistant House Physicians

To :
Dr. Douthwaite, Dr. Baker and, Dr. Joiner } Mr. E. R. Walrond
Appointed for six months, the first 3 *as A.H.P.*

Dr. Boland and, Dr. Houston } Miss J. M. Hawker
Appointed for six months, the first 3 *as A.H.P.*

Dr. Mann and, Dr. Kauntze } Mrs. J. P. Peebles
Appointed for six months, the first 3 *as A.H.P.*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and, D.X.T. } Mr. P. W. R. Harris
3 *months*

Casualty Officers

Mr. R. J. Cockerill
Mr. W. G. Hartfall
Mr. R. J. Heald
Mr. S. R. Meadow
Mr. I. D. B. Rennie

House Surgeons

To :
Mr. Massie — Mr. K. E. F. Hobbs
3 *months*

Mr. Eckhoff — Mr. A. S. Horner
6 *months*

Mr. Atkins — Mr. D. A. Reynolds
3 *months*

Mr. Wass — Mr. A. S. Cooper
6 *months*

House Physicians

To :
Dr. Douthwaite, Dr. Baker and, Dr. Joiner } Mr. M. I. S. Keir
3 *months*

Dr. Boland and, Dr. Houston } Mr. J. R. R. Spurrell
3 *months*

Dr. Mann and, Dr. Kauntze } Mr. R. D. Hill
6 *months*

Dr. Hardwick, Dr. MacLean, Dr. Bishop, Dr. Deuchar and, D.X.T. } Mr. B. Batten
6 *months*

Resident Obstetricians

1. 7.60—31.12.60 — Mr. J. A. Wall
1. 9.60—28. 2.61 — Mr. D. J. Fishlock
1.11.60—30. 4.61 — Mr. A. W. McKenzie
1. 1.61—30. 6.61 — Mr. C. J. Rowland

Throat and Ear House Surgeons

Mr. J. D. Wonham
3 *months at Guy's followed by* 3 *months at New Cross*

Mr. N. J. Gross
3 *months at New Cross*

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Mr. K. J. Connolly — 6 *months*
One Vacancy Readvertised

Dermatological House Physician

1.11.60—30.4.61 — Mr. C. J. Hunter-Craig

Neurological House Physician

Mr. J. M. Dawson — 3 *months*

Genito-Urinary House Surgeon

Mr. K. E. E. Hubble — 6 *months*

House Surgeon to the Thoracic Unit

Mr. J. W. S. Rickett — 6 *months*

Children's House Physicians

Mr, D. R. Harvey — 3 *months*
Mr. C. C. Korvin — 6 *months*

Couse Physicians in the Department of Experimental Medicine and Resident Junior Clinical Pathologists

Mr. C. N. Mallinson — 3 *months*
Miss J. Craig — 6 *months*

R.M.Os. in Nuffield House

1. 7.60—31.12.60 — Mr. J. J. Rippey
1.12.60—31.5.61 — Mr. P. R. Grob

House Physicians in the York Clinic

1.10.60—31.3.61 — Miss N. Rose
1.10.60—31.3.61 — Mr. R. Paul

Resident Anaesthetists

1. 9.60—28.2.61 — Mr. J. Hellewell (S.H.O.)
1. 9.60—28.2.61 — Mr. J. J. Maher
1.12.60—31.5.61 — Vacant (S.H.O. New Cross)
1.12.60—31.5.61 — Mr. J. Lore

BECKENHAM HOSPITAL

House Physician
Mr. S. McHardy-Young

House Surgeon (1.1.61)
Miss K. E. Poole

JOYCE GREEN HOSPITAL

House Physicians
Mr. M. K. Adalja
One Vacancy Readvertised

LEWISHAM HOSPITAL

House Surgeon (Orthopaedics)
Readvertised

House Surgeon (General Duties)
Readvertised

NEW CROSS HOSPITAL

House Physician
Mr. J. D. Lloyd-Still

House Surgeon (General Duties)
Miss A. J. Belsham

ORPINGTON HOSPITAL

House Surgeon (General Duties)
Mr. J. R. Mansfield

PEMBURY HOSPITAL

House Surgeon
Mr. R. A. Forster

QUEEN MARY'S HOSPITAL SIDCUP

House Physician
Mr. J. B. Gritton

ST. JOHN'S HOSPITAL LEWISHAM

Casualty Officer
Readvertised

ST. OLAVE'S HOSPITAL

House Surgeons
Mrs. B. Walsh
One Vacancy Readvertised

PASS LIST

UNIVERSITY OF LONDON

Third (M.B., B.S.), Examination for Medical Degrees

October, 1960

Honours

*Jennifer P. Peebles

*Distinguished in Obstetrics and Gynaecology

Pass

Audrey J. Belsham
Jennifer Craig
P. G. J. Dobson
Ann D. Fairclough
D. J. Fishlock
R. A. Forster
A. S. Horniblow
R. H. Mackeith
F. G. M. Musleh
J. F. O. A. I. Mustaffah.
T. G. Nash
J. R. Norman
V. Promtatvethi
I. C. Roddick
T. Sherwood
Ann Simpson
P. L. H. Vernon
G. G. Ward

Part I

Kathleen M. Allsopp
Alexandra L. H. Barber
E. Barker
J. P. Barker
M. S. Bell
A. C. Bird
C. G. Bird
Mavis A. Bonnard
P. J. Brewer
A. J. Bron
S. S. Brook
W. Bunting
L. A. Hurt
Anne B. Kenshole
Heather S. Kerr
Penelope J. Key
Mary B. MacKeith
Micheline M. Maher
J. K. C. Maile
P. M. O'Driscoll
C. S. Ogg
J. E. Oliver
R. A. Peebles
M. C. Pietroni
M. E. Cavendish
T. J. H. Clark
G. E. Conn
W. S. C. Cox
D. G. Daniel
M. H. Devereux
C. V. Everard
A. F. Gazdar
J. F. Hallpike
J. A. Hanne
I. W. Hanwell
N. P. A. L. Harper
Penelope B. Hewitt
A. P. Hopkins
W. E. M. Pryse-Phillips
M. C. Rallings
T. N. Stanbridge
D. L. Stevens
R. Stilwell
M. A. S. Stoby
J. G. B. Thurston
J. P. Vaughan
E. R. Walrond
G. P. Williams
P. J. Winter
R. J. Worden
E. Young

Part II

M. K. V. Adalja
P. J. Brewer
K. J. Connolly
J. R. Mansfield

Part III

K. J. Connolly

Part IV

P. J. Brewer
K. J. Connolly

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination

October, 1960

Part I—Surgery

J. L. Alexander
M. A. C. Archer
C. Ashworth
J. P. K. Carver
Helen E. E. Cash
J. V. Collins
D. C. Cox
I. G. Crossman
R. A. Dendy
G. Dexter
Clare M. Duncan
P. M. Everitt
G. T. Green
Jennifer A. Hall
P. J. C. Hargraves
M. R. Heath
N. J. D. Hodges
E. M. Hoskins
M. J. Iles
E. D. Jones
D. A. Leighton-Goodall
P. J. Leopard
W. Long
P. W. Mead
M. J. Mitchell
J. Neale
H. N. Parfitt
J. D. O. Parkholm
H. W. Preiskel
R. C. G. Rowe
Patricia M. Ryder
J. F. Sharp
A. J. Simons
N. Stamp
Sylvia Tee
Anita R. Thomas
W. T. Treadwell
L. A. Usiskin
W. G. Webb
A. M. Wengraf
R. V. Westlake
J. R. White
H. A. Wilen
J. L. Williams
A. J. R. Yates

Part II—Dental Surgery

Frances E. A. Adams
J. P. Balfe
A. H. Banks
S. N. Bussell
J. D. Clark
M. H. Craft
T. W. Cutress
R. F. Eade
I. T. Francsics
Mary P. Gamble
M. B. Gardener
J. M. Hackman
T. M. A. Heesom
J. A. Howard
C. E. M. Lamb
W. T. Lamb
R. E. Lane
M. J. Lewis
M. L. Maberley
C. S. McKenzie
B. Matthews
J. B. Mayhew
A. C. Prichard
J. D. Pullan
J. R. Salter
Pauline F. Scotrick
G. W. Selwood
Pauline E. Shaw
Christine S. Shepherd
J. R. Skippen
D. G. Stone
B. J. West

BAR FINAL EXAMINATION

Called to the Bar by Gray's Inn

H. A. H. Harris

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Eleven guineas per week. For Forms of admission, etc., apply to the *Resident Physician*, Cedric W. Bower. Interviews in London by appointment.

REQUIRED

DENTAL SURGEON as Assistant to Eastbourne Practitioner (Guy's Man). Partnership later if mutually required. Box No. 244.

GUY'S MAN requires young, well qualified, congenial and hard working Assistant with a view to partnership in one of the oldest qualified Dental Practices in the country. Three partners at present, a fourth is required. Box No. 246.

PART TIME ASSISTANT DENTAL SURGEON, South London in four Surgery Practice. Half hour from London Bridge. New Equipment, Airotor. Box No. 247.

GUY'S DENTAL SURGEON seeks purchase of first-class single handed practice from retiring practitioner anywhere Southern England. Two surgeries preferred. With or without living accommodation. All letters answered. Box No. 248.

FOR SALE

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s*. each. Postage, Packing 2*s*. extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d*. each. Coat of Arms 5/6*d*., PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1.

GUY'S CHRISTMAS CARDS may be obtained from the *Gazette* Office, 16, St. Thomas's Street S.E.1. Price, 3/6*d*., 5/-*d*. and 7/6d. per dozen. Postage and packing 1/- extra per dozen.

***Replies to Box Numbers should be addressed to Gazette* Office, Guy's Hospital, London, S.E.1.**

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Christie, B. G. B. and another. Normal Variation of Nerve Conduction in Three Peripheral Nerves. *Ann. phys. Med.*, 1960, 5, 303.

Erskine, David. Parasitic Disease of the Skin. *Med. Pr.*, 1960, 244, 328.

Everall, John. Pustular Psoriasis. *St. Mary's Hosp. Gaz.*, 1960, 66, 213.

Fichardt, T. and another. The Management of Cancer and the Teaching of Cancerology. *Med. Proc.*, 1960, 6, 469.

Houston, J. C. The Value of Tonics. *Nurs. Mirror*, 1960 (28th October), 111, 345.

James, I. P. Temporal Lobectomy for Psychomotor Epilepsy. *J. ment. Sci.*, 1960, 106, 543.

James, I. P. The Arrival of the New Sibling. *Child-Family Digest*, 1960, 14, 3.

James, I. P. On Hypochondria. *Med. J. Aust.*, 1960, ii, 521.

Joseph, M. C. and Vale, R. J. Premedication with Atropine by Mouth. *Lancet*, 1960, ii, 1060.

Kark, Robert M. and others. Antinuclear Factors in the Serum of Relatives of Patients with Systemic Lupus Erythematosus. *Lancet*, 1960, ii, 1061.

Macdonald, I. Hepatic Lipid of Malnourished Children. *Metabolosm*, 1960, 9, 838.

APPOINTMENT

I. E. Evans : Senior Medical Registrar, The Middlesex Hospital.

CHANGES OF ADDRESS

Omar Shaheen, M.B., B.S., 745, Hawkeye Apts., Iowa City, Iowa, U.S.A.

K. J. Zilkha, M.R.C.P., 8, Sylvan Court, Abbey Road, London, N.W.6. (Tel. Maida Vale 4544).

BIRTHS

GIE.—On 14th September, 1960, at Cape Town, South Africa, to Norma (née Pereira) and Michael Gie, M.B., B.S., a daughter (Belinda), sister for Gregory, Ian, and Alison.

GREAVES.—On 7th November, 1960, at Mill House, Queenborough, Isle of Sheppey, Kent, to Jean and Sidney Greaves, M.R.C.S., L.R.C.P., a daughter (*Claire Elizabeth*), sister for Robert, Andrew, Simon, Catherine and Nicholas.

HORNIBLOW.—On 17th September, 1960, to Molly and Arthur Horniblow, L.M.S.S.A., a son (Richard Charles).

MILTON.—On 23rd June, 1960, at Nuffield House, to Patricia (née Le Voi), M.C.S.P. and Robert Milton, M.R.C.S., L.R.C.P., a daughter (Victoria Anne), sister for Timothy.

TURLE.—On 16th November, 1960, to Joanna (née Van der Borgh), wife of John G. M. Turle, L.D.S., a daughter (Verity Jane).

WILLIAMS.—On 28th October, 1960, at Farnborough Hospital, Kent, to Irene, wife of Peter L. Williams, M.B., B.Chir., a son (Peter Ross Llewellyn), brother for Lyn.

ZILKHA.—On 22nd November, 1960, to Judith (née Mogridge), wife of K. J. Zilkha, M.R.C.P., a son (Timothy Robert).

MARRIAGES

GOODING — REYNOLDS.—On 12th Nov2mber, 1960, by the Bishop of Dorchester, at St. Mary's Church, Chard, Somerset, Alan Gooding, M.B., B.S., to M. E. Jeanne Reynolds, S.R.N.

O'DRISCOLL—GRIFFITH.—On 5th November, 1960, at St. George's Church, Whitchurch, Shropshire, Patrick M. O'Driscoll, B.D.S., to Julie Griffith, S.R.N.

PATERSON—COAKS.—On 22nd October, 1960, at Tunbridge Wells, Kent, S. H. R. C. Paterson, to Evelyn Cherry Coaks, S.R.N.

WOODMAN—DECOCQ-CONTI.—On 24th September, 1960, at Notre Dame de France, Leicester Square, Michael John Woodman, L.D.S., to Jacqueline Mary Decocq-Conti, R.S.C.N.

DEATHS

LEES READ.—On 19th November, 1960, Bertie Lees Read, O.B.E., Clerk to the Governors of Guy's Hospital, of 104, Priory Lane, Roehampton.

RAND.—On 27th October, 1960, Anthony Rand, L.D.S., R.C.S., of 46, Portland Place, London, W.1.

EDS. { D.N.L. / S.R.M.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1889 17*th December* 1960 *One Shilling*

PASSIM

THE Penguins and Polar Bears are poised in the linen cupboards, *El Cid* Amontillado lies beneath Sister's biscuit tins, patients who can cut are cutting, those who can glue are gluing, and those who can draw are busy pretending they are asleep. In fact—Christmas is coming.

In the Hospital the pattern will be little changed from the past. Whilst the carollers are early in the wards, the new nurses will be trying to look unselfconscious in magnificiently reversed capes. Before the staff and their families arrive for Christmas Dinner, the distinguished visitors will have visited the wards and the oldest patient will have received twice as many presents as everyone else and four times as many as her houseman. It is all happily inevitable, and because of that there comes a sudden upsurge of new found tolerance. Which is as well: the producer of the Christmas Show is certain to find that two irreplaceable members of his cast are indisposed and unable to appear in the evening; the Chef can be certain that some relative will blame his Christmas pudding for the terrible relapse. And the Chaplain, having his first Christmas at Guy's, will find this tolerance most marked in matters religious, so that those with religious faith can celebrate as they wish the second greatest day of the year.

To all we wish a joyful Christmas.

Mr. Raymund O'Neil of Manchester University and Westminster Hospital Medical School has been appointed Consultant Dental Surgeon to the Hospital, to succeed the late Mr. Roger Holland. We look forward to welcoming him here at the start of the New Year.

This week's article on 'The Cheshire Homes' is by Dr. R. H. Farrell who qualified from Guy's in 1953 and is well known to many other than his immediate contemporaries. Despite disablement by multiple sclerosis he now works as a welfare officer for the Cheshire Homes. His article ends with a financial appeal for the Homes; it is not our custom to print such appeals—however, Christmas comes but once a year.

For the same reason there appears in this issue a quiz. It is a Post-Christmas-Dinner-Quiz, factual but not too serious.

The proposed move of The Old Miller of Mansfield to a site further along Snowsfields is not popular with some of the local inhabitants. Last week an evening paper gave prominence to reports that the residents of Hamilton Square and Kipling Street were not

looking forward to the New Miller. The Secretary of the Hamilton Square tenants association was reported to have said "If the students have passed an examination or won a Rugby match they celebrate in the Miller. It's not unknown for them to have bagpipes playing in there".

Balance was restored by the landlord of the Miller's loyal assertion "This pub is not noisy at all". We agree emphatically (and quietly) but are uncertain if the Secretary of the Hamilton Square tenants association is entirely with us on this.

We commend to those nurses eligible (Guy's trainees who are also members of the Nurses' League) the Cosmo and Mabel Bonsor Scholarship to the value of £30. Applications with particulars of the proposed course of study or travel for which the scholarship would be used, should be forwarded to the Secretary of the Nurses' League by 14th January, 1961.

Reluctantly we say farewell to Mr. David Landon who on completing his House jobs leaves Guy's and the *Gazette* of which he has been an Editor for two years. His knowledge and experience will be missed greatly; as an ex-editor of the British Medical Students Association Journal he brought a rare knowledge of type and the technicalities of magazine production. **However,** he **HAS** taught *us* much **during** *his* **time** *here.*

Mr. Roy Meadow, a Casualty Officer, has been appointed Editor, and Mr. Robert Sells takes his place as Assistant Editor. Mr. Sells, a second year clinical student best known for his musical activities was conductor of last week's performance of Dido and Aeneas.

IN BRIEF:

Mr. D. G. Taylor has been appointed Consultant Surgeon to the Cardio-Thoracic unit of the United Sheffield Hospitals and Sheffield Regional Board.

A demonstration of cases and clinical procedure in General and Paediatric Psychiatry was transmitted from Guy's to the Royal College of Surgeons last week. The demonstration was sponsored by Smith Kline and French Laboratories Ltd.

Mr. M. L. Maberley has been awarded the Evelyn Sprawson Prize of the Royal College of Surgeons.

The Guy's Christmas Cake, 1960, contains 3½ cwt. of dried fruit, 4 bottles of rum, 3 bottles of brandy, 72 brown ale, and 36 stout.

Doctor E. J. Crisp was guest of honour at the Annual Residents Dinner. Twenty-nine consultants attended, fifty-eight glasses were broken; it was a coincidence.

GUY'S DIARY

DECEMBER			Exhibition. *Bone Tumours.*
21st	W	5.45 p.m.	Carols by the Southwark Cathedral Choir.
		9.00 p.m.	Holy Communion Service for Free Church members in the Hospital Chapel.
22nd	Th	1.00 p.m.	Dr. Hardwick. Clinical Lecture. *Ulcerative Colitis.*
		3.00 p.m.	Landon Fund Tea Party, Out-Patient Department.
		8.45 p.m.	Service of Carols and Nine Lessons in the Hospital Chapel.
24th	S	11.30 p.m.	Midnight Service with Carols in the Hospital Chapel.
25th	S	6-7 a.m.	Nurses' Carols in the wards.
		7 & 8.20 a.m.	Holy Communion, Hospital Chapel.
		10.30-11 a.m.	Morning Service, Hospital Chapel.
		5.00 p.m.	Christmas Revue in the Out-Patient Department, for patients and staff from the Medical Wards.
26th	M	5.00 p.m.	Christmas Revue in the Out-Patient Department for patients and staff from the Surgical Wards.
29th	Th	1.00 p.m.	Mr. MacDonald. Dental Clinical Lecture. *Blood Diseases in Relation to Dental Surgery.*
31st	S	2.30 p.m.	Rugby. Guy's v. Old Merchant Taylors at Croxley Green.

NOTICES

INTERNATIONAL RUGBY TICKETS 1961

Applications are invited from Senior and Junior Staff and Residents for the International Matches this season. Stand tickets cost £1 each and in the event of demand exceeding supply a ballot will be held and those successful will be informed. Applications for the England v. South Africa game (January 7th), should be in by 20th December and addressed to :

D. A. Biggs,
Hon. Sec., Guy's Hospital R.F.C.,
c/o Front Lodge, Guy's Hospital.

THE DENTAL SOCIETY

ANNUAL BALL, 1960

This year the Ball was held at the Cafe Royal, Regent Street, on Friday, 11th November.

Some 360 guests were present and were received by the president and his wife, Mr. and Mrs. A. J. Bridge.

After dinner, dancing was enjoyed to Arthur Salisbury and his Orchestra, and during the course of the evening Mrs. Bridge kindly consented to present the prizes for the raffle.

The Cafe Royal seems to be a very suitable venue for this occasion and the Ball will be held there next year.

OUR MAN IN CURACAO

Nicholas Gross

Curacao is alright, but rum is more popular on the island. Capain Morgan's buried treasure is reputed to be concealed there, but no one looks for it. Their politics, though volatile, do not effervesce; and they look with affection toward mother Holland —they even dislike Castro.

They have an incorruptible police force, and their economic wheels are lubricated by their own oil rather than by American tourism; all of which facts made Curacao a good place for our man to be.

Our purpose was to escort a mad Chinaman from there to Singapore for the company (shades of James Bond), and the prospect was enough justification for a flying holiday first.

Wellemstad, the only town, is becoming typically modern and South American. Gleaming white concrete rises amongst the Dutch and Spanish colonial style buildings, and a proud ultra-everything dollar-hungry hotel stands victorious on a fort, the relic of Spanish occupation which ended three centuries ago. The streets are as narrow and congested with opulent American cars as anywhere.

The town is heaped up into twin centres on either side of the Curacao river, so that when the pontoon bridge is opened for the passage of tankers and banana boats the dislocation of activity provides numerous siestas. But this national pastime gives way to the other, gossiping, as the town tapers off into savannah.

The people are pure Dutch landed gentry at one extreme and pure negroid landed slavery at the other. The hump of of the distribution curve is occupied by varying mixtures of these two (together with a little Spanish) but leans in the direction of the negroid pure culture. These people have a spontaneity and dash and brio that is remarkable even in the extroverted Western world.

Biologically they are paragona: the women are small, lithe, full-bodied, and utterly voluptuous. Their deep eyes can speed instantly under a man's guard with devastating effect. The men are Juanesque and stand up to it very well.

At about the age of twenty-five involution sets in. The women, still carrying their virulence, withdraw to pregnancy; and the men, who look for all the world as if they are going the same way, settle down to saturine opulence.

Their versatility is extraordinary. Sign language is not seen, for there cannot be many people on the island who are not fluent in at least four languages: Dutch, Spanish, English, and their own very free mixture of these, Papiamento, which has no grammar and can

draw on any other language whenever a touch of glamour or confusion is required.

At night they show their versatility in music. Every band plays an inverted musical chairs, so that each musician gets a turn with each instrument. Anyone who dares is welcome to step up and play or sing at any time, but incompetence is not appreciated.

Outside; the buttered-haired caballeros sit on the waterfront railings, gossiping again, and smoking cigars which look as if they have been home rolled in brown paper. But the wealthy minority get up to join the tourists in their ultra-conditioned hotel, where cabaret and casino while away a balmy night.

Here a comic exophthalmic violinist exhibits the island virtuosity by playing two violins under his double chin. Then, having jumped up and down on Mozart and Beethoven, he asks for requests and plays his own choice. He also works the gag-book with a world-wide brand of humour.

"My wife's very worried. She bought a Playtex living bra and doesn't know what to feed it with."

Downstairs in the casino a row of voracious but constipated fruit-machines (the one-armed bandits) are fed on dollar chips. At the tables blasé croupiers (who come to gamble on their nights off) rake the baize with skilful relaxation. But the gamblers are far from being the exsanguinated decadents Ian Fleming has taught us to expect. Our man in Curacao sat in at a very cheap table and was recognizable as a Briton by going down rapidly and consistently and stoically.

He also swam in the Caribbean with more fortunate results. Only the natives, who know its safety, swim outside the wired enclosures. There the sea is metal blue and gently swelling. Inside it is warm and brilliant as a jewel; and to lie exposed on the beach is to risk exfoliation the same day.

The hospital was large, cool, and very beautiful. There was no press of patients, and doctors were always quickly available. In spite of the island polyglotism, no one could be found who spoke the same dialect of Chinese as our patient Tan Meng Toon, so no diagnosis had been made—he had thrown maniac episodes. He had worked as a cook/boy before being boarded off his ship, was small, and looked benign and rather pathetic. He brought nothing with him but the clothes he stood in.

Just before take-off the steward came over to me. He bent a malignant eye on Toon who sat in the seat in front next to my colleague.

"Is that the madman ?" I nodded. The man beside me fastened his safety belt.

First meal airborne: the steward poised himself over our mad little seaman, twelve thousand miles from home, five miles up in a first class cabin, never flown before, spoke no English, "Will you have Caviar Romanoff and Vodka, sir ? Or fresh Cuban Lobster-tails and Vintage Champagne ?"

We took a large supply of all the conceivably useful drugs with us but his conduct on the trip was impeccable, except for one incident

which was largely my own fault. During a delay at Cairo Toon indicated that he wanted a haircut.

"Alright," I said. Stupidly I didn't go with him.

After an hour he emerged from the shop saying the barber wanted £2. His Chinaman's hair, as usual, stood out like porcupine quills and his face looked polished.

When the Farouk of a barber saw the Chinaman was not alone the bill contracted to £1. Obviously one had to bargain for haircuts as for anything else, so I offered him 2/6d. But he pointed to a price-list on the wall.

"Loog!" he said. "'E 'as 'airgut, shampoo, vace massage, vibro, eau de Cologne vrigtion." Toon grinned. I added and it came to fifty-five piastres. I consulted one of the staff of our 'plane —a hundred and thirteen piastres to the pound, and returned to the barber with ten shillings, but his honour had been assailed.

"You dake your money!" he said excitedly, and out of the torrent of insults which followed I managed to catch these fragments. "'Ees not for de money . . . I been always cheated by you Bridish . . ."

From there we flew through India (where for once we heard the pucka thing in "Oh my Goodness gracious . . .") and on to Singapore.

Although it is hot in Curacao one always feels comfortable because it is also dry and a cool breeze sweeps the island. But stepping out of the 'plane at Singapore one looks round to see where the fire is. One has almost no shadow so near to the equator.

Our eyes were opened at the hospital. The Casualty department is a vast hall of a million bodies all gesticulating like the Hindu god of many arms. Medical Out-patients is conducted in several tiny rooms; in each, a Chinese doctor examines five hundred patients a day while the lugubrious queue stands and watches the other side of a mosquito-net screen so thin one could spit one's betel-nut through it without staining it.

Evidently the psychiatrist is not so busy for he had already finished his clinic when we arrived at noon. "Come back next week" we were told.

When we finally got to the mental hospital our Chinaman refused admission. According to the interpreter, he was afraid that once in he would never get out, his friends would desert him, he could never find a job again, and furthermore he had been roughly treated last time he was in.

"He's been in before, then?"

Oh, yes, and his father was also roughly treated there.

Toon said "You see, I not crazy now, I not go crazy again, you see."

Geographically Curacao and Singapore resemble each other, but their atmospheres are as opposite as their longitudes. Singapore is active, competitive, and anxious. The streets are always full of hundreds of bicycles travelling very fast, and their big buildings have already been there for many years.

The shops repeat themselves with remarkable regularity. Photographic shops, eating places, and Indian clothing shops occupy the greater part of most streets; but occasionally one finds oneself in a coffin-makers' district where thirty or forty identical businesses exist

side by side; or in Singapore's Covent Garden where one picks one's way over a hundred yards of sharks' fins and other improbable looking comestibles all drying in the sun on the pavement.

The European is not by any means disliked in Singapore but it is only on the public highway that he becomes really popular. Eager taxis hoot for him and he constantly has to refuse beckoning trishas (bicycles with sidecars). This is tedious by day, but at night a European goes out at his peril. Wave upon wave of trishamen hurl their machines at him, jostling each other and him for his patronage.

"You like go Chinatown, pretty lights, pretty music ?" Hands turning like fans.

"Pretty music ?"

"Pretty girls, pretty dancing ?"

Anyone who actually hailed a trisha would be killed in the rush and eaten.

Our man in Singapore went to a night club, which, to vindicate him, had been recommended by the agent. There is no fee for entrance to the Club International, one pays a Malay dollar (2/4) for three dances with a Chinese 'taxi-girl'. At one end of the large dance-floor an incredibly tuneless band plays the shortest and poorest ten pennyworth in all the Orient. The taxi-girls, who earn about ten shillings a night there, are in long supply and frequently dance together to pass the time. Again, few look the full ten pennyworth.

In fact, the Chinese women lack the flesh of the Curacaoans; they are diaphanous, impalpable. The men, with few exceptions, are hideous; and both sexes, from birth to senility, wear an inscrutable expression that betrays no emotion and evokes no response.

Since the 'Government people' went there have been changes. Police and government are less efficient, say the remaining Europeans, and standards are going down everywhere. The casual observer only notices that vagrants now sleep all over the streets, liquor is more expensive, Raffles has gone to the dogs, and the swimming club, once almost fanatically partial, now allows non-Europeans inside its no longer sacred walls.

Otherwise the back streets are still squalid, derelict and crowded; the Chinese still deprecate the Malays for their lack of ambition; the Malays still live happily in their kampongs (goodness knows on what); and the Indians still occupy most of the clerical posts.

Perhaps the traditional oriental introversion is going out, for better or worse. People mix more, and seem less resigned, but it would be conceited to say that this is more than a moment's impression.

One paradox: the magnificent Curacaoans are curiously shy of being photographed. One Dutchman put it: "They have inferiority. They are afraid they are looking like Hell on your picture." The Chinese, on the other hand, are as unexpectedly willing, and any pock-marked sugar-cane-juice pedlar will gladly pose for you.

As a parting shot, the Malay customs officer at Singapore airport (from where they need fear no illicit exports apart from drugs) looked us narrowly up and down, then glanced at the ticket labels—doctors.

"You have nothing to declare," he stated.

THE CHESHIRE HOMES

by

R. H. FARRELL, *D.F.C.*, M.B., B.S.

Group Captain Leonard Cheshire, V.C., D.S.O., D.F.C., one of the most distinguished bomber pilots of the last war, after flying as an official R.A.F. observer on the mission which dropped the atom bomb on Nagasaki in 1945, decided to devote his life to the care of the poor unfortunates who had been abandoned by everyone, or whose relatives were no longer capable or willing to look after them.

When he met a fellow ex-service man, dying of cancer, with nowhere to go, he offered him a bed in a big old Victorian house which had been left to him in Hampshire. He nursed him himself, and before long took in other chronic invalids.

From this small beginning a movement has grown which up to the present has started eighteen Homes in England, where it is hoped eventually to have one in every County, one in Scotland, one in Nigeria, eight in India and one in Singapore. So it can be seen that these Homes are much needed and support for them everywhere has been forthcoming.

The Cheshire Foundation Trust which can be found in London at 7, Market Mews, W.1, was formed to take the initial steps when a private house was given or purchased for a Home. After making a small grant it appoints a management committee of local residents and business men who will be responsible for the administration. Then a State Registered Nurse is appointed and the help of local organisations such as the Rotary, Round Table, and Toc H co-opted to assist with any decorations.

Local builders are invited to help with any structural alterations which may be needed in a Home designed to house chronic invalids with their countless problems. Often large gifts are made, one of the most needed being a lift which makes the first floor accessible to patients in wheel chairs. After a bed is installed the first patient is admitted and from here is built up the average Home, which may have between 25 and 35 patients. As time goes on, the staff is increased by a matron, a sister and one or two nursing orderlies. The staffing of these Homes, both at home and abroad, is always a problem, and calls for people with the highest sense of vocation. It is Leonard Cheshire's desire that his Homes should not be like hospitals or institutions and every patient is encouraged to play a part, however small, in its running, and soon he feels a responsibility for the tasks which he accomplishes in spite of any physical disability.

The patients elect their own committee, appoint someone to run a shop, sell their handicrafts and help to organise their own social activities which may include trips to the countryside and visits to local sports meetings and theatres. Often local residents are kind enough to take patients out in their cars, while some patients have

motorised invalid chairs or carriages themselves, so increasing their independence.

Every effort is made to provide occupational and physio-therapy to enable them to carry out any tasks more efficiently. They mostly suffer from multiple sclerosis, rheumatoid arthritis, Parkinson's disease, poliomyelitis, Still's disease and muscular dystrophy, while some are spastics.

After the management committee have received a grant from the Trust in London, which is eventually repaid, it is then their responsibility to ensure that the Home is able to pay its way in the world. Nearly all the patients qualify for a maintenance grant payable to the Home by the local County Welfare Officer under the National Health Service Act, to the extent of £6 per week. This, of course, varies with the County Authorities and there are some who are not so forthcoming. A few patients are able to contribute to their own maintenance. Public Assistance is available for most, and 10*s*. per week of this is allowed as pocket money.

Having in mind the cost of running a large country house with its staff and amenities, resort must be made to other means of making money. Most of the goods made by the patients are sold, and cane baskets, leather goods, marcasite jewellery and other handicrafts rate high. An annual money spinner is the summer fete which each Home runs in its lovely gardens, and here various stalls organised by the patients, raffles and other competitions make up a happy and profitable day.

The Homes are undenominational, and whatever a man's faith may be, he is encouraged to practice it by visits from local ministers of various denominations who conduct services in the Home. Patients are also taken to whichever local church they wish to attend.

The Homes now have their own quarterly magazine, *The Cheshire Smile*, which is compiled and edited by patients, and whose title reflects the spirit which pervades the Cheshire Homes and their occupants.

In the last few months my wife has been busy in the organization of a new Cheshire Home known as "Heatherly", Copthorne, Surrey, near Crawley, Sussex. It will have up to thirty-five residents and will be administered like the other Homes. As it is dependent on voluntary contributions, I would ask any interested Guy's men to send donations, banker's orders or covenants to: J. A. Eastman, Esq., Honorary Treasurer, Heatherley Cheshire Home; 13, Crabtree Road, Crawley, Sussex.

(*Reprinted by kind permission of the Editor the Nursing Mirror.*)

OBITER DICTUM

DR. C. HARDWICK (*on the treatment of cardiac arrest.*)

"On my firm we don't have the post-mortems done in the ward, we have them done in the proper place."

"I AM A CAMERA"

Produced by MALCOLM BURKE

To the Editor, *Guy's Hospital Gazette.*

DEAR SIR,

To serve any useful purpose the critic must function as expositor and pedagogue; he must interpret, guide and assist. Circumstances deny the present reviewer these functions: on the one hand exposition is virtually unnecessary—Guy's seldom put on a new play; on the other hand this critic can no longer guide a potential audience or assist the production—the review appears a week (sometimes 3 or even 5 weeks !) after the last night. And, in his experience, past reviews have too soon been forgotten and then become inaccessible to later Committees. For these reasons I would ask you Sir, to publish, in place of the customary review, an "Open Letter", addressed to the Theatre Club, whose possible inclusion in their Minute Book might prove of value to future production teams and hence to their audiences.

OPEN LETTER

You are struggling at Guy's against unusual theatrical odds: it is good that they should be made known to all as it may bring you the right kind of support in future . . . The times and venues for rehearsals, difficulties in erecting a stage, and in creating a likeable set, difficult dressing and make-up conditions, difficult "management" co-ordination, together present an extreme challenge which you all enjoy, and indeed audiences get a certain vicarious pleasure from witnessing this keen attack of yours. Some of these problems, however, obtrude if they are not overcome early on. As you are performing at the bottom of a well and the face is still the actor's most expressive instrument, it must be seen: you must look up. Then again, the stage, small as it is, is even smaller in practice as the audience's heads cut off from view the nearest half. The "acting areas" must, therefore, be concentrated as near the back wall of the Physiology Theatre as possible. The set in "I AM A CAMERA", last week, was by itself an interesting one without being arresting or detrimental to the action. It was effectively furnished and most tellingly "clothed" but furniture took up easily half the visible part of the floor, while it was hardly "made play" with. At this point one should warn against following the moves which are so injudiciously prescribed in "acting editions". (They usually refer to those of an original West-End production where the resources and even the demands are totally different from those at Guy's.) Always start "blocking" from scratch; for one thing the Physiology Theatre provides the advantage of being able to group actors one *behind* the other while still having them visible.

Now, the choice of play: whatever sections of the community you may want to please—and it should be yourselves primarily—a play that succeeded only in that it was a vehicle for a star should be avoided; Guy's seldom can boast such a star . . . Dorothy Tutin

made "I AM A CAMERA" the little success it was. Anita Barltrop, last week, gave a performance with an appreciable range and good timing. She lacked the experience which would certainly have allowed *her* to bring a depth to the part from which an audience could feel, not just accept, that "she has one foot in the nursery (in England) and one in the stews in Berlin (in 1930)." With Peter Leney in the part of Christopher Isherwood, we got nearest to being involved. True, playing opposite Miss Barltrop, one could have wished for greater maturity in the actor, but then I dare say Isherwood, the author, was physically pretty young himself in 1930. Monica Richmond's Mrs. W-C. was perhaps the most convincing *person* on the stage and she avoided many of the traps laid for her by the author in his avowed attempt to create (as an addition to Prof. Isherwood's characters in the original story) a comedy character. She was comic but quite real. Next I would mention Valerie Beaton's playing of Natalia Laudauer. The semetic side unfortunately eluded her but she got the German over nicely (in her attitudes, not in her speech) and she became a real force on the stage. The Fritz Wendel of Michael Crowe showed the polish of some experience, without showing up his colleagues. His accent was convincing enough, though to serve the ideas of the play better it would have profited if he had been less of a "character". But then again the author is largely to blame; he doesn't serve his own (or Isherwood's) ideas when he creates so many stock British-Comedy-Characters—the traditional English view of a Berlin Jew, etc. At least his exits were neatly written and neatly done; though we were sorry to see him leave the stage, it was a good thing for the play. Jennifer Sutcliffe played Fräulein Schneider and obviously enjoyed it. There should have been more control over her dynamics. Nevertheless, we appreciated the change these brought to the slow and over-regular pace of the evening. She laboured courageously with an accent, even if it wasn't the right one, and I would recommend she watches landladies again when they move about. The unfortunate (again, stock) part of Clive, the American, was enjoyable in the person of Edward Grant: I wish we all had transatlantic friends really like him.

Finally, every aspect of a production can contribute towards the evening's entertainment: it was gratifying to see the "front-of-house" so well managed. I should have liked nothing but German songs and those frightful marches of the period whenever the house-lights were up—it would have helped enormously towards the creation of the atmosphere of Berlin, 1930, whereas the Slav and Scandinavian excerpts of Dvorak and Sibelius did not. And when all said and done the conjuring up of atmosphere is the one thing the live theatre can still do so much better than films or the tele.

If the foregoing assessment of the "Camera" cast shows up a lot of pit-falls it is also meant to show our appreciation of a great deal of courageous work. I know there are not many in the club at the moment but in an attitude of which Guy's should certainly be proud you tend to lead into the difficult and the unknown. Best of luck ! But where is your audience ? Are there leaders in that ? I didn't see many the night I went . . .

J-P.V.

A Christmas Quiz

"Well, what do you expect, braised squirrel?" *

Answers on page 476A

I *Who said :*

1) "A diagnosis is a rare and delightful signpost to an oasis in a desert of mystery; we must not expect it."

(*a*) Hippocrates. (*b*) Mr. Lawrie. (*c*) Dr. H. French.

2) "I do not regret this journey for it has shown that Englishmen have strength, courage and fortitude."

(*a*) Scott at the South Pole.
(*b*) Professor Haslewood after walking to Brighton.
(*c*) The President of the Students Union after arriving there by car.

3) "I look for an aneurysm in his popliteal fossa whenever I see a postillion—which I do from time to time."

(*a*) Dr. Mann. (*b*) Princess Margaret. (*c*) Crawfie.

4) "Old customs have a certain rounded mellowness."

(*a*) Confucius. (*b*) Lord David Cecil. (*c*) Mr. Gibberd.

5) *Of the College.* "A highly creditable building of which London and this neighbourhood can have no reson whatever to be ashamed."

(*a*) Groucho Marx. (*b*) W. E. Gladstone.
(*c*) The Secretary of the Hamilton Square tenants' association.

II *Where are the following buried ?*

1) Bright.
2) Thomas Guy.
3) Addison.
4) Astley Cooper.

III *Which of the following were :*

1) Governors of the Hospital.

(*a*) The Duke of Windsor. (*b*) Ian Hay. (*c*) J. Arthur Rank.
(*d*) Archbishop of Canterbury. (*e*) The Dean of Canterbury.
(*f*) King George VI.

2) Editors of *Guy's Hospital Reports :*

(*a*) N. Davies-Colley. (*b*) W. Hale-White (*c*) S. Wilks.
(*d*) R. Bright. (*e*) G. H. Barlow. (*f*) W. Gull.

3) Nurses at Guy's :

(*a*) Miss E. McManus. (*b*) Lady Diana Duff Cooper.
(*c*) Florence Nightingale. (*d*) Princess Tsahai Haile Selassie.
(*e*) The Secretary of the Hamilton Square tenants association.

4) Editors of *Guy's Hospital Gazette.*

(*a*) J. A. Ryle. (*b*) H. C. Cameron. (*c*) Richard Dimbleby.
(*d*) A. Hurst. (*e*) F. Gowland-Hopkins (*f*) J. J. Conybeare.

5) Captains of Rugby at Guy's.

(*a*) W. D. Doherty. (*b*) T. L. T. Lewis. (*c*) P. K. Albertyn
(*d*) E. Morgan. (*e*) Sir Alfred Fripp (*f*) A. B. Lee.

* *With apologies to the manageress of the College Catering Company.*

IV *Rugby.*

1) How many times have Guy's won the Inter-Hospitals' Cup ?
2) When did Guy's last win the Inter-Hospitals' Cup ?
3) Who are the 8 surviving founder members of the Rugby Football Union ?
4) Which Guy's man won most international caps ?
5) Who was the last international to play regularly for Guy's ?
6) Who was the first international to play for Guy's ?

V *Picture.*

1) Where ?
2) When ?
3) Who is sitting on sister's knee ?

VI *Modern History.*

1) When were women students admitted to the Medical School ?
2) Who was the first qualified woman doctor on the staff ?
3) Who was the first dental surgeon appointed to the staff ?
4) Which two Guy's men have statues in St. Paul's Cathedral ?
5) How many copies of the unabridged *Lady Chatterley's Lover* were sold in the first 2 weeks of its release at the Hospital Smith's ?

VII *Idiosyncratic.*

1) Who trained at Guy's, failed M.B. surgery, failed to get a house job at Guy's, became President of the Royal Society and won a Nobel Prize ?

2) Who qualified from Guy's, won a Military Cross in the R.A.M.C., became a professional painter, and was elected to the Royal Academy ?

VIII *Design.*

1) Who is the chief architect of New Guy's House ?
2) Who designed the statue of Thomas Guy in the forecourt ?
3) Who designed the new nurses uniform ?
4) Who designed the interior decoration of New Guy's House ?
5) Who designed the interior decoration of the Upper Spit dining room ?

IX *Statistics.*

1) How many overseas students are there at Guy's ?
(*a*) 47 (*b*) 67. (*c*) 87.
2) How many nurses are there at Guy's ?
(*a*) 532. (*b*) 590. (*c*) 644.
3) What is the approximate cost per patient per week in Guy's ?
(*a*) £27. (*b*) £33. (*c*) £39.
4) What is the average length of Dr. Macardle's out-patients ?
5) What is the average length of Mr. Stamm's out-patients ?

X *Who wrote:*

1) "Who are these coming to the sacrifice.? "
2) "There is no person, let his station in life be what it may, whom, if I were disposed to dissect, I could not obtain."
3) "There is a repose about Lant Street in the Borough, which sheds a gentle melancholy about the soul. There are always a good many houses to let in the streets; it is a bye street, too, and its dullness is soothing."
4) "A considerably reduced fee, or no fee (depending upon the exact circumstances) is charged to the dental profession as a whole and clergymen, with the exception of archbishops, bishops and deans."

XI *Jack Pot Question.*

What is the difference between The Students' Union, The Clubs' Union, and The Students' Club ?

Answers on page 476A. M.

CORRESPONDENCE

Letters to the Editor of the Gazette

SIR,—I was interested to read Mr. Lees Read's apocryphal story about "the Gravel" in the *Gazette* of 24th September. This story, in a more elaborate form in which the lorry driver had been undressed by an over enthusiastic group of probationers, was going the rounds at Guy's circa 1920. It brings to mind others, *e.g.*, the dental one about the student who takes a plaster impression, then goes to the Spit for coffee and a smoke or possibly over the way to Peall's Saloon for a game of Snooker. He suddenly remembers about the plaster and rushes back to a patient blue in the face, etc., etc. Another of these stories was revived in the *Gazette* 3 or 4 years ago by, I think Mr. Ogilvie, after a trip to Edinburgh when he found it had taken 50 years for the one about the student and his first "bones" examination to penetrate to Scotland !

Another which comes to mind is that of the Borough woman who is examined by a bunch of students and ends the examination by exclaiming "when the young gentlemen have had their fun and games I want ter point aht that the discharge is from me ear".

There must be many others—what a pity a book or anthology has not been kept or is there such a book ?

Yours etc.,

R. HOFMEYR.

National Mutual Building,
17, Church Square,
Cape Town.

REVIEWS

Principles of General Physiology (*Volume* 2). By L. E. BAYLISS. Longmans, Green & Co. *Price* 85*s*.

To write a new edition of an established classic after an interval of thirty years requires a good deal of courage on the part of the new author. Not only has the field of knowledge expanded enormously in those intervening years so that great labour is needed to collect and sift this new information, but it is inevitable that the new edition will be exposed to a critical comparison with its predecessors. The son of the original author has undertaken this task and this volume under review is part of his effort.

Dr. Bayliss has thought it advisable to divide this new edition into two volumes. The first volume, dealing with the background of physical chemistry with its biological applications has already been reviewed (*Guy's Hospital Gazette*, 2nd January, 1960). The second volume bears the sub-title "General Physiology" and is concerned with a wide survey of vertebrate and invertebrate physiology. This division, while serving to reduce each volume to reasonable dimensions, has the dubious advantage of separating the physical principles from their application and the reader of the second volume must be quite familiar with the contents of the first or its equivalent if he is to appreciate the biophysics and biochemistry of the second.

In this second volume the author has tried to do justice to the qualification "general" by embracing the whole animal kingdom in his survey and deliberately limiting the attention given to human and mammalian aspects of the subject. In this attempt to be general there is a grave risk that the writing may become diffuse or rambling, and this book cannot be completely exempted from this charge. In many ways comparative would be a suitable adjective.

The subject headings are very similar to those of the original; the cell and its environment, nutrition, excitation and inhibition, effector organs, receptor organs, co-ordination, transport, growth and reproduction and control. These do not receive uniform treatment, some being dealt with in great detail and others presenting strange gaps or dislocations.

As might be expected from the author's environment, the biophysics of excitation and muscular contraction receive considerable attention. To an ordinary physiologist the language is apt to become obscure and occasionally the detail seems an unnecessary luxury, as in the description of the thermopiles and galvanometers employed in measuring heat production in muscle.

Respiration receives rather strange treatment. The question of O_2 uptake is dealt with in the section on nutrition and in the very brief account nearly a page is allotted to the old controversy on oxygen secretion, although the author says there is general agreement that such a presumption is unnecessary. O_2 and CO_2 carriage and respiratory pigments are clearly dealt with in the chapter on the transport of metabolites: while these can be viewed as a transport problem, it is a little disturbing to find them so displaced from the other aspects of respiration.

In the section on foodstuffs carbohydrates and proteins receive full attention, photosynthesis and the nitrogen cycle being considered in detail, but fats are hardly mentioned till the section on metabolism is reached. The whole of this section on nutrition is distinctly thin and lacks the comparative background so prominent elsewhere.

The chapters on effector and receptor organs are particularly interesting because they are drawn from a wide comparative field. Secretion receives well-deserved attention, though it seems a little unnecessary to revive Heidenhain's views on "secretory" and "trophic" fibres while differentiating between active transport and synthesis. When talking of receptors the author is frequently in difficulty because of the limited judgement of human consciousness. The comparative significance of the "special senses" provides much food for thought, but that thought is exposed to the limitations of human experience, *e.g.*, what is a sound wave, apart from the criteria of conscious man. Occasionally the author is caught up in his own opinion as when writing of strain receptors he rather deplores

"the impossibility of distinguishing rigidly between interoceptors and exteroceptors". Surely such rigidity would be highly unlikely in any receptor other than the mind of man.

One of the attractive features of the original text was the inclusion of personal references to the scientific giants of the past with their photographs and records. A large number of the illustrations used in the present volume are derived from these, and while this practice has the merit of historical value, one feels that more modern illustrations might have provided a clearer demonstration of points at issue. On the whole one feels that the text would benefit from a more generous supply of illustrations and even tables.

This book has collected in it a lot of information from a wide variety of sources, so that the reader is presented with many facets of thought which are not found in orthodox textbooks of physiology. This is a book into which one can dip with interest, whereas solid reading might prove rather distracting. To appreciate these small doses to the full the reader must possess an understanding familiarity with the terminology and basic knowledge of physics, higher mathematics, biology and physiology, for without such familiarity the precision of the biophysical approach and the wide sweep of comparative study will be wasted. For this reason this is not a book required by students of medicine, but it should provide valuable stimuli to thought and useful information for those reading for honours degrees in biophysics, biochemistry, zoology or physiology. It also provides very useful postgraduate reading for those who work under any of these disciplines.

W.R.S.

Dilling's Clinical Pharmacology. Revised by S. ALSTEAD. Cassel & Co. 20th Edition. *Price* 30*s*.

Pharmacology defines "the mode of action of drugs on living animals, organs and tissues". This compact volume concentrates on this definition and emphasises the basic physiology before describing the mode of action of a drug. When dealing with organs, such as the kidney, the book is at its best, the action of diuretics being carefully described in relation to normal function. When dealing with the living animal as a whole the concept of normal physiology and mode of action of drugs is not so well applied. The recurrent—"a detailed description . . . is beyond the scope of this book" is an irritating and unnecessary sentence.

I recommend this book, it emphasises the importance of physiology in medicine and treatment and gives a clear and basic account of the mode of action and toxicity of drugs.

D.A.L.

Atlas of Clinical Pathology of the Oral Mucous Membrane. By B. J. ORBAN, and F. M. WENTZ. C. V. Mosby Company, St. Louis, 1960. Pp. 148. *Price* 108*s*. 6*d*.

Apart from the addition and replacement of a few illustrations and a change in the page format, the second edition of this Atlas is essentially similar to the first edition which appeared five years ago. It is indeed unfortunate that the authors have failed to seize the opportunity afforded by a new edition to improve illustrations and to rectify errors and omissions inevitable in a first edition.

The atlas contains a number of fine coloured photographs but there are some which appear to be out of focus and others which fail to illustrate clearly the condition described in the text. Also there are many black and white photomicrographs but it is a pity that some are of too low magnification to be of any value and that there is no indication of the magnification and staining in the captions.

The authors have attempted to classify oral lesions on an aetiological basis and, by and large, have been successful. The differential diagnosis of each condition is usefully considered in a tabular form at the beginning of the atlas and again in the detailed description of each disease.

There is no doubt that this atlas contains much valuable information both for the practitioner and the student, but, priced as it is at £5 8*s*. 6*d*., it is unlikely that many will be tempted to purchase this new edition.

M.N.N.

General Anaesthesia for Dentistry. By JAMES MCNAUGHT INGLIS and VICTOR CAMPKIN. Published by Edward Arnold Ltd., pp. 88. *Price* 10*s.* 6*d.*

This short textbook is intended primarily for the student as a supplement to practical demonstrations in the 'dental gas room'. As the authors say, it is not an attempt to produce a 'do it yourself publication'. Many of the sections, therefore, are incomplete, and in particular, there is no description of the various pieces of the apparatus used in dental anaesthesia, and no illustrations.

The main emphasis throughout is upon the provision of a 'balanced anaesthetic' with adequate oxygenation at all times. The conventional use of nitrous oxide and oxygen is regarded as an advanced technique, and prominence is given to the nitrous oxide, oxygen and trichlorethylene sequence.

The other commonly used anaesthetics are briefly described, and there are useful notes on their administration. The inclusion of a more detailed account of the differential up-take and redistribution of thiopentone would make for easier understanding of its actions.

Taken as a whole, this book gives a good idea of the extent of dental anaesthesia and the way in which it should be approached. It is well written, easy to read and contains much good advice. The student will find it a useful supplement to his practical tuition in the 'dental gas roon'.

J.H.

Aids to Tray and Trolley Setting. By MARJORIE HOUGHTON. Nurses Aid Series. Baillière Tindall & Cox Ltd. *Price* 8*s.* 6*d.*

This is a useful reference book for student nurses to appreciate the reasons and the equipment required for various procedures. Because every hospital has its own particular details of method for certain treatments this book only gives the basic principles, but these are clearly depicted in photographs, diagrams and simple explanations.

D.E.M.

The Aetiology and Arrest of Pre-Eclamptic Toxaemia with Early Ambulant Treatment. By K. DOUGLAS SALZMANN. H. K. Lewis & Co. Ltd. 69 pages. *Price* 10*s.* 6*d.*

This monograph is based on the author's experience in obstetrical practice covering a period of two and-a-half years. All patients seeking care were "booked" irrespective of their history—it is, therefore, claimed that this is a representative series of unselected obstetric practice. In all 569 patients were followed from booking to delivery wherever the latter took place (*e.g.*, nursing home, hospital or domiciliary). In fact 3.2% of the mothers were later admitted to hospital. The forceps rate was 3.8%, incidence of breech delivery 3.5% and Caesarean section 0.35%. There were 6 sets of twins. These figures help one to assess the degree of 'selection'.

One-third of the publication is devoted to the aetiology of 'toxaemia'. The author selects appealing parts of many theories forming a mosaic which, to him, forms a clear picture but for which no experimental evidence is offered.

The clinical trial was of the use of reserpine. All patients with a diastolic pressure over 90 mm.Hg. (and later in the series 84 mm.Hg.) were given this drug in varying dosage. In all 27.8% of the patients received this therapy for periods varying from under one week to 33 weeks. Details of antenatal care are given. These are impeccable as far as the detection of toxaemia is concerned.

What of the fate of these 569? There was one case of eclampsia and no maternal deaths. Three patients were induced because of toxaemia. There were four A.P.H's. Of the eighteen patients admitted to hospital toxaemia was never the primary reason. The incidence of prematurity was 6.9% in the reserpine treated and 6.0% in the untreated. The peri-natal loss was 2.15% for the untreated and 1.25% for the reserpine treated.

The last figures are remarkably good and ones of which Dr. Salzmann may well be proud but I remained unconvinced as to how much this was due to the reserpine and how much to the remainder of the obstetric care shown to these women. However, that hypotensive drugs have a place in obstetrics few would deny and this monograph makes a case for their more frequent use.

L.R.

The following Books have been received from PAN BOOKS LTD.

A Case for Inspector West : CREASEY.
Young Love : ALLEN.
Memoirs of a Tattooist : BURCHETT and LEIGHTON.
The Talented Mr. Ripley : HIGHSMITH.
The Millionth Chance : LEASOR.
Seven Years Solitary : BONE.
The Promise of Nigeria : EPELLE.
Let No Man Write My Epitaph : MOTLEY.
The Case of the Angry Mourner : GARDNER.
Seidman and Son : MOLL.
Friday's Child : HEYER.
Hitchcock Presents : HITCHCOCK.
Book of Wit and Humour : BARSLEY.

SPORT

RUGBY

1st VX FIXTURES TO END OF SEASON

Date		*Kick-off*	*Ground*	*Opponents*
Dec.	17	2.30	H.O.P.	STREATHAM
	31	2.30	Croxley Green	OLD MERCHANTS TAYLORS
1961				
Jan.	7	2.30	Richmond	RICHMOND
	14	2.30	H.O.P.	PLYMOUTH ALBION
	21	2.30	Dulwich	OLD ALLEYNIANS
	28	2.30	Devonport	DEVONPORT SERVICES
Feb.	4	2.30	Coventry	COVENTRY
	11	2.30	Imber Court	METROPOLITAN POLICE
	18	2.45	H.O.P.	ABERAVON
	25	2.45	Exeter	EXETER
March	4	2.45	H.O.P.	LONDON WELSH
	11	3.00	H.O.P.	NUNEATON
	18	3.00	Gloucester	GLOUCESTER
	25	3.00	Sunbury	LONDON IRISH

The first Inter-Hospitals' Cup Match is against Westminster Hospital on 12th January, at Richmond Athletic Ground. Kick-off 2.30 p.m.

Guy's v. Aberavon

At Aberavon 26th November, 1960

Result—Lost 35-0

It was encouraging to note that it was not for the want of trying that the score reached such high figures. Tragedy hit Guy's some twenty minutes from the start when Hollingsworth broke a leg. Until this, the Hospital were defending ably on a wet and slippery pitch, but fourteen men could not match the speed and skill of one of the best of recent Aberavon teams.

Biggs and Richards were injured, so we saw Bernard and Leyshon as left and right wing, with Hockey as prop-forward. In the first ten minutes, the play was all in Guy's half yet good tackling and covering prevented any score until an easy penalty goal made it 3-0. Guy's hopes rose when a kick by Nicholas defeated full-back Coslett and led to a scrum near the line, but our attack was untidy, the opposing centres gained possession and were soon in Guy's half again. Myall's tackling was effective, however, and Hollingsworth emerged with the ball at his feet, defeated several opponents then, travelling fast, tripped over Coslett and broke his leg.

When play was resumed, Bryant moved to stand-off and Lloyd-Edwards was brought out as left Centre, but in the remaining minutes of the first half, international winger Collins scored two unconverted tries after fast runs by centre Thomas.

Half-time score 9-0.

In the second-half, although the pack were holding their own and frequently getting the ball back, the Welsh backs seemed to be everywhere and the points steadily rose. In each case the pattern was the same: fly-half Ashton, immensely fast, ran sure-footed through Guy's defence, leaving the field clear for his backs to score a further six tries of which four were converted.

The Guy's backs were simply outclassed, and although Myall and Leyshon put in some good work they were mostly unable to stem the avalanche of opponents with which they were usually faced. Bernard had a couple of good runs, but in a game like this there was little chance for him to reveal his capabilities.

All the pack played the hard game we have come to expect; Blackwell and Peace were much in evidence although the latter was off injured for a time.

A Welsh supporter supplied this fair summing up: "bad luck man, but you gave us a great little game".

Final score 35-0.

Team : R. W. T. Myall; J. Leyshon, P. Ivanans, D. J. Bryant, R. Bernard; R. Hollingsworth, J. R. D. Nicholas; A. C. Knight, W. T. Treadwell, J. R. Hockey, B. Blackwell, P. Peace, D. R. A. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English.

Guy's v. Coventry

At H.O.P. 3rd December, 1960

Result—Lost 3-14

The unbeaten home record was lost this afternoon only after a hard struggle against a strong Coventry side. The opening minutes showed the shape of things to come, for Guy's kick-off was neatly marked and returned, then a slow pass was intercepted by the visiting fly-half who led Coventry nearly to the line. In spite of some good defensive kicks by Myall and Nicholas the play remained in Guy's 25 until the inevitable penalty was taken with ease by Cole to make it 0-3.

Attacking now, Guy's were helped by Bryant's kicking and some runs by Egwantu, but this phase ended when a long penalty taken in a high wind fell short of the Coventry posts. Following the 25, Coventry took the ball right up-field, it went loose over the line in the corner and the second try was scored. Cole converted almost from the touch-line.

Again Guy's attacked but were held near the half-way line where vigorous forward play ensued, English and Lloyd-Edwards being much in evidence. Several sallies towards the visitors' line failed due mainly to misfortune rather than mistakes—but Guy's try deservedly came after several scrums near the posts. The conversion missed by inches. A penalty goal just before half-time increased Coventry's lead.

Half-time score 3-11.

In the second half the forward play was particularly hard, and although Coventry frequently threatened to score, the defence work of Myall and some short runs by the backs kept returning play to the visitors' half. Their next try came when a cross-kick almost to the corner-flag was put into touch too near the Guy's line; from the line out a muddy forward went over, but this time the conversion failed. The kick-off had been fifteen minutes late, and now in the closing stages the light failed fast. A white ball was soon covered with mud, and across the field play was difficult to discern. Jackson—who so far had had little opportunity to show himself—put in a strong cross-kick and had his backs on the move right to Guy's line, but again the defence held until the whistle.

In spite of defeat, Guy's had a good game and do not merit any adverse criticism.

Final score 3-14.

Team : L. Myall; D. A. Biggs, J. D. Bryant, P. Ivanans, E. Egwuatu; J. Leyshon, J. R. D. Nicholas; A. C. Knight, W. T. Treadwell, J. Hockey, P. Peace, J. Cook, D. R. A. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English.

SQUASH

Cumberland Cup

Guy's v. I.C.I. Squash R.C.

Result—Won 4-1

D. Richmond beat R. Clark 3-2.
A. Gazdar lost to J. Burn 1-3.
M. Blake beat J. McCann 3-0.
D. Hall beat D. Wheeler 3-0.
P. Sievers beat R. Hampel 3-1.

Guy's v. Sundridge Park L.T.C. and S.R.C.

Result—Lost 2-3

D. Richmond lost to M. Kidwell 0-3.
A. Gazdar lost to C. Evans 0-3.
M. Blake beat K. Williams 3-2.
D. Hall lost to P. Collins 0-3.
P. Sievers beat D. Donaldson 3-1.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of **whole-time Research Fellow in the Cardiac Department** of Guy's Hospital to work primarily on the problems of heart diaease with special reference to surgical treatment. The work would include the clinical aspects and previous clinical experience and a higher qualification would be an advantage. Salary within the range £1,250 to £1,500 per annum, according to qualifications and experience. The appointment would be for one year in the first instance commencing as early as possible in the new year. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, as soon as possible.

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Junior Lecturer (whole time) in the Physiology Department** with duties from 1st January to 30th September, 1961.

Applications should be submitted on a form obtainable from the Dean not later than **28th December, 1960.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Applications are invited for the post of **Part-time, Non-Resident Casualty Officer** (Senior House Officer Grade) for six months from 1st February, 1961. Six morning sessions weekly. Salary 7/11ths of full-time rate.

Applications and copies of three recent testimonials should reach the Hospital Secretary by first post on **2nd January, 1961.**

APPOINTMENTS

The following should have appeared in the list of Junior Staff Appointments published on 24th September, 1960.

Registrar in the Department of Psychological Medicine (Child Guidance).

A. Crowcroft

PASS LIST

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

Fellowship

J. P. A. Weaver

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Diploma

J. G. Allardice
W. D. Callum
I. G. Chisholm
H. Dexter
E. R. Gibbons
P. J. Gladders
A. Gooding
J. G. Holmes-Smith
P. W. James
I. N. L. Johnston
J. P. Lissenden
Jean L. McColl
B. W. Maitland
J. A. Mathews
Hazel J. Matthews
I. S. Muir
D. J. Palmer
A. H. Sears
Joyce Warner
R. R. Watkins

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees

October, 1960
Part I

Betty J. Allen

CONJOINT BOARD

L.R.C.P., M.R.C.S.

December, 1960

Elementary Biology

M. O. Pearce

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination

November, 1960

Anatomy and Physiology

J. M. Atkins
P. A. Dunstan
P. T. Green
P. J. T. Griffiths
G. Hadshar
P. L. Jordan
C. R. T. Lachlan
P. Laver
J. A. Le Sage
H. W. MacGregor
J. D. Moran
J. H. M. Phillips
R. J. A. Sudworth
B. C. Sullivan
J. C. Thomas
M. S. W. Tyne
J. F. Varnes
Ruth I. Williams

Special Anatomy and Physiology

J. M. Atkins
Joanna M. Dumbrell
P. A. Dunstan
M. J. W. Everitt
P. T. Green
G. Hadshar
P. L. Jordan
C. R. T. Lachlan
P. Laver
J. A. Le Sage
G. K. Lillicrap
H. W. MacGregor
J. D. Moran
J. H. M. Phillips
Hilary M. Scott
R. J. A. Sudworth
B. C. Sullivan
J. C. Thomas
J. F. Varnes
Ruth I. Williams

NURSING NEWS

Entered :

Sister J. Longfield to *Victoria.*

Sister D. J. Smith to *New Cross Theatres.*

Staff Nurse Pelham Braithwaite to *Nuffield House.*

Left :

Staff Nurse A. Pritchard from *Maudsley Hospital.*

The following Nurses have passed the Final State Examination held in October, 1960:—

Ashton, J. M.
Austin, D. P.
Ball, D. J.
Beel, N. M.
Biesty, M. A.
Boland, J. V.
Brenner, S. A.
Brown, G. M.
Bunting, H. M.
Camp, S. J.
Chesson, C. A.
Clementson, J.
Cooper, D. A.
Cox, P. E.
Crowe, M.
Darby, P. J.
Davies, J. M.
Davies, S. L.
Dowse, J. N.
Duff, J. A.
Everard, J. Y.
Everitt, P. A.
Farram, A.
Ferrier, J. E.
Garnett, A.
Glover, C. J.
Green, N. M.
Grimley, J.
Halton, L. F.
Hockley, E. E.
Holdsworth, A. P.
Horner, J.
James, M.
Jones, M. A.
Jordan, H.
Linfield, P. I.
McKee, R. M.
MacKenzie, S.
Martin, J. C.
Morrell, S.
Moyle, S. K.
O'Neill, E. A.
Powell, W. B.
Preskey, J.
Price, A. M.
Purnell, M. A.
Robinson, N.
Sewell, R. A.
Sharp, B. J.
Sheather, Y.
Silverlock, A. M.
Swann, R. J.
Syrett, S. M.
Taylor, E. A.
Taylor, J. M.
Threlfall, P. A.
Trickett, D. C.
Wain, C. M.
Weston, W.
Wight, I. J.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Baily, R. A. J. Cortico-Steroid Injection Therapy. *Med. Pr.*, 1960, **244**, 457.

Briggs, J. H. and Zampa, G. A. Cushing's Syndrome. *Med. biol. ill.*, 1960, **10**, 226.

Camps, Francis E. and others. Hypersensitivity to Milk and Sudden Death in Infant. *Lancet*, 1960, ii, 1106.

Crabb, H. S. M. and another. The Gradient of Mineralization in Developing Enamel. *Arch. oral. Biol.*, 1960, **2**, 308.

Denny-Brown, D. Diseases of the Basal Ganglia. Their Relation to Disorders of Movement. *Lancet*, 1960, ii, 1155.

Falconer, M. A. and Rushworth, R. G. Treatment of Encephalotrigeminal Angiomatosis (Sturge-Weber Disease) by Hemispherectomy. *Arch. Dis. Childh.*, 1960, **35**, 433.

Fry, John. Fate of 424 Patients with Pneumonia and Bronchitis. *Brit. med. J.*, 1960, ii, 1483.

Lawrie, Rex. A Sucker for Emptying the Intestine. *Lancet*, 1960, ii, 1123.

Lorber, John and another. Freeze-Dried B.C.G. *Arch. Dis. Childh.*, 1960, **35**, 492.

Lund, W. S. A Fatal Case of Scleroma. *J. Laryng.*, 1960, **74**, 791.

Luntz, G. R. W. N. and others 100 per cent. Sputum-Conversion in Newly Diagnosed Pulmonary Tuberculosis. *Lancet*, 1960, ii, 1185.

Macdonald, I. Comparison of Changes in Serum Proteins during Early Treatment in Kwashiorkor and Marasmus. *Arch. Dis. Childh.*, 1960, **35**, 448.

Morrant, G. M. and another. The Development and Application of Modern Methods in Cavity Preparation. X.—Cavity Preparation Using Ultra-High-Speed Equipment. *Brit. dent. J.*, 1960, **109**, 378.

Sampson, Basil F. Research Aspects of Tuberculosis in South Africa. *Sth. Afr. J. lab. clin. Med.*, 1960, **6**, 180.

Simpson, Kenneth and another. Acute Ferrous Sulphate Poisoning Treated with Edathamil Calcium-Disodium. *Lancet*, 1960, ii, 1120.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXIV. No. 1890 31*st December* 1960 *One Shilling*

PASSIM

TO those of us not fortunate enough to have been resident over Christmas, the Hospital seems little changed, if rather tired as we go to press. Mysterious tales of the choir on television, carols in a broken-down lift in Nuffield House, and failure of recording equipment at the Christmas show tantalize us as to what *did* go on at Guy's this Christmas.

In our next issue we will include a more detailed account of the festivities.

The end of the year is a time for reckoning, and one of the most remarkable facts that emerges is that Mr. A. Baker, for many years senior technician to the Physiology Department, is now in his sixtieth year of unbroken service to the Medical School. He came here as a boy in 1900, worked throughout both wars and now still comes in three days a week. His son, Mr. A. W. Baker, chief technician to the Department of Prosthetics, has been here since 1923, but his thirty-seven years is a modest score compared with his father's. We look forward to greeting, in a few years' time, their combined record of a hundred years continuous service to Guy's.

The Colour television demonstration relay referred to in our last issue was a success which provided good entertainment for the audience in the Royal College of Surgeons. Those in the large audience unfamiliar with the sound of Multitone transmitters were mystified by a high pitched bleep which could be heard superimposed upon the commentary from the Hospital. The noise, which stopped usually within a minute, on one occasion persisted for almost five minutes. It was one of the rare occasions on which a Guy's houseman had, so to say, made himself heard in the Royal College—even if it was merely by not answering his Bleep.

Sharing the St. Thomas's Street offices with the Guild of Ex-Patients we see something of their work and the generosity of friends of the Hospital. A short time ago an ex-patient from *Luke* ward walked in here with a cheque for £50 which he had collected at his place of work. He asked that it be spent on the Nursing Staff and a fine new television set has been bought with the money.

A recent experiment in the medical curriculum was a clinico-pathological meeting in place of the usual combined round. A group of students was invited to add their comments to a discussion on a selected case history by Dr. Kauntze We are gratified that both sides reached honourable agreement: the students via the Lower Spit, Dr. Kauntze *ex tempore*—and hope for more discussions of this kind as successful as the first.

An account of the meeting appears below.

IN BRIEF :

Dr. T. E. Oppé, who qualified from Guy's in 1948, has been appointed Assistant Director to the Paediatric Unit of St. Mary's Hospital.

Mr. F. G. Ellis will give a lecture as Hunterian Professor at the Royal College of Surgeons on Thursday, 12th January, at 5 p.m. The title of his lecture is "The Aetiology and Treatment of Achalasia of the Cardia".

Dr. C. J. Earl has been appointed Consultant Physician to the Neurological Department at the London Hospital.

The Wolfson Foundation has made a grant of £3,000 for the restoration of the Operating Theatre in the garret of the old St. Thomas's Church opposite our office in St. Thomas's Street. The Theatre was originally set up in 1821.

A CLINICO-PATHOLOGICAL MEETING

Just over four weeks ago the clinical history of one W.C., a white male business executive, was being considered over coffee in the lower Spit. It was later discussed fully by Dr. Kauntze at a clinico-pathological meeting held on Friday, 2nd December, in the pathology classroom, the first of its kind at Guy's.

Dr. Maclean opened the meeting by saying that it would be in two parts, the first experimental, the second clinical. He explained that although W.C. had come to autopsy, Dr. Kauntze did not know the findings.

First Dr. Dobbing gave a clear and concise summary of the experiments on the stability of the myelin sheath constituents now in progress in the department of pathology.

Dr. Kauntze then read out W.C.s history and came to a diagnosis of broncho-pleural fistula, empyema and amyloidosis (also reached by a group of students) which was confirmed by Dr. Missen, who showed slides prepared from autopsy material.

After discussion from the floor Professor Payling Wright congratulated Dr. Kauntze and ended the meeting by discussing some aspects of amyloid disease.

GUY'S DIARY

JANUARY			Exhibition. *Surgical Treatment of Pain.*
3rd	T	1.00	Dr. Hill. Clinical Lecture.
6th	F	1.00	Dr. Mann. Clinical Lecture. *Gall Stones and Biliary Cirrhosis.*
7th	S		Rugby. Guy's v. Richmond at Richmond.
9th	M	1.00	Mr. Blaikley. Clinical Lecture.
10th	T	1.00	Dr. Baker. Clinical Lecture. *Uncommon Diseases of the Heart.*
12th	Th	1.00	Mr. Willmore. Clinical Lecture. *Disorders of Speech and Language.* Illustrated by Recordings.
13th	F	1.00	Dr. Kauntze. Clinical Lecture. *The E.C.G.: Changes in the ST Segment and T Wave.*
14th	S	10.00	Surgical Departmental Round in the Clinical Theatre conducted by Mr. W. D. Coltart of St. Bartholomew's Hospital.
14th	S		Rugby. Guy's v. Plymouth Albion at H.O.P.
16th	M	1.00	Mr. Kinder. Clinical Lecture. *Aetiology and Prevention of Urinary Calculi.*
17th	T	1.00	Mr. Blackburn. Clinical Lecture. *Thyrotoxicosis.*

NOTICE

Annual Dental Clinical Meeting

The Annual Dental Clinical Meeting will be held in the Dental Department on Saturday, 4th March, 1961, and the Dental Society Dinner will be held in the evening. A detailed programme of the Meeting will be published in the *Gazette* on the 11th February, 1961.

OBITER DICTUM

DR. MANN : "If a patient's dead, I suppose he is no longer under my care."

An Obscene Publicription ?

I was doing morning surgery on 25th October, when a small boy about seven years of age brought in the following note from his mother.

O——,
H——P——.

Please Dr. Caldicot,

Please may my husband have a perscription for two bags for testicles.

Many thanks,

Mrs. H——.

Of course the lady meant a couple of suspensory bandages, and I believe she was mixed up with nursing before she was married.

F.C.

THOUGHTS

on

POLIO

provoked by the epidemic in Cyprus, 1958

By

LT.-COL. H. FOSTER, M.R.C.P., R.A.M.C.

Between February and September, 1958, the worst epidemic of poliomyelitis in the island's history swept Cyprus, causing 35 cases amongst service personnel and their families who were treated in a Military Hospital, and as a result of this I offer a few notes of interest on this fascinating but malignant illness.

Both the service and civilian epidemics were due to Polio virus type one and the latter numbered 109 cases, but apart from a reference to certain statistical details concerning the type of case encountered, the observations made will concern only the military epidemic.

Some Aspects of Clinical Interest

Breakdown of Admissions

These were :—	*Women*	*Children*	*Servicemen*
	11	10	14

At this time owing to the internal situation in Cyprus and to the crises in Iraq and Jordan there were a considerable number of servicemen in the island and they outnumbered women and children by 4 or 5 to 1; so it will be seen therefore, that the number of women and children affected is quite disproportionate to their number when compared with service personnel, which it is felt can be explained by the lack of immunity in children on the one hand, and in women by pregnancy, for of the 11 attacked, 8 were in various stages of pregnancy. One had been delivered 8 days previously, and another was a nursing sister employed on the maternity ward. The eleventh case was one of two cases in the same family. The incidence in pregnant women may perhaps be explained by the additional muscular strain involved, none the less the association is not always stressed.

Proportion of Paralytic to Non-Paralytic Cases

	Non-paralytic	*Spinal*	*Bulbar and Bulbo-spinal*
Women	4	5	2
Children	5	3	2
Servicemen	3	8	3
	12	16	7

During the last 10 years, the incidence of paralytic to non-paralytic cases notified in England and Wales would seem to vary roughly between 1.5—2.5 : 1 and in this epidemic it was approximately 2 : 1. As has been previously noted, the attack rate amongst servicemen was proportionately much lower than in children, but a consideration of the last table will show that the proportion of paralytic to non-paralytic cases is much higher and may perhaps be explained by the more arduous and active life led by the servicemen on the one hand, and conversely by the difficulty possibly of making a careful examination of all muscles in children, which in adults is relatively easy. The pain that three of the children felt in different limbs would suggest that some slight paresis, undetectable clinically, may well have been present.

The Effect of Exercise on the Degree of Paralysis

This is of course well known, and as an illustration in this epidemic, of the eight servicemen with varying degrees of spinal paralysis, four had severe involvement of both legs, one of them had moved heavy furniture between the minor and major illness, another played a game of football when not feeling well, and a third did a parachute jump when his legs had already began to feel "groggy".

Sensory Impairment

This is a controversial question and some textbooks state that sensory loss does not occur, but in view of the pathological changes in polio it is a matter of surprise that this view still persists and indeed that the association does not occur more often.

Although the brunt of spinal cord involvement falls on the anterior horn cells, the intermediate and posterior horns are known also to be implicated though to a lesser degree, and in any case the resulting oedema and cellular infiltration in the anterior horns and their immediate neighbourhood may not unreasonably cause compression of surrounding tracts, particularly the spinothalamic.

Six cases had subjective sensory symptoms ranging from numbness and tingling to a pricking sensation, and in two of these, sensory impairment was demonstrated whilst a third who did not complain of sensory abnormality, impairment to pin prick was appreciable.

The case histories of these three are as follows:—

Cpl. B., aged 22 years *Bulbar Polio*

26 Feb. Tight retro-sternal pain, vomiting and dysphagia.

17 „ Food sticking at supra-sternal notch.

28 „ Voice became weak, inability to swallow solids, hiccough.

OE:—Palatal paresis.
Pharyngeal reflex diminished.
Left vocal cord fixed.
Hypalgesia of the left cuirasse area.

This patient made a complete recovery in a few weeks, but the virtual absence of headache or neck stiffness together with a normal initial C.S.F. posed quite a problem in diagnosis, as he was the first case of the epidemic.

Capt H., aged 30 years *Spinal Polio and Encephalitis.*

21 July Anorexia. Right leg dragged and was weak. Difficulty in concentration, felt as though he was doped.

22 „ Pins and needles in the right foot and along the inner side of the right thigh.

23 „ The same sensation in the right arm.
Discomfort of the right face and neck which felt as though it had been crushed.

25 „ Extreme tenderness of the lateral wall of the axilla causing a shock sensation down the right forearm.

OE :— Drowsy, but rational. Slight neck stiffness.
Weakness of the right arm and leg.
Slight loss to pinprick over the right arm and leg with marked delay.
Polio virus type 1 was recovered from his stools.

This Officer persisted with numbness and tingling of the right arm and leg for several weeks, and had to be down-graded for three months as he felt mentally and physically unwell.

Epidemic Myalgic Encephalo-myelitis or Icelandic disease is a disease of at present unknown aetiology and has been noted sometimes to appear at the close of an epidemic of polio, sensory symptoms are marked and this patient with a normal C.S.F. might well have been diagnosed as such a case had it occurred under certain circumstances. However, polio virus type 1 was grown from his stools, and a Sergeant with whom he had been in very close contact died in a helicopter on his way to hospital and a polio virus type 1 was grown from his medulla, making this case with its rather unusual features as very likely due to polio, as the virus was recovered from him and from a close contact.

Cpl. P., aged 23 years *Transverse Myelitis.*

30 July Pain in back and left buttock.

31 „ Paraesthesia and hyperaesthesia of the anterior and medial

aspects of both thighs.

1 Aug. Retention of urine; unable to stand.

2 „ Unable to move his legs; loss of feeling in these limbs.

OE :— Neck stiffness. Complete flaccid paresis of both legs.
Loss of sensation to pinprick below both knees.
Loss of sense of position below both knees.
No muscle tenderness.
C.S.F. Protein 130 mgm%. Cells (Lymphocytes 20 per cu.mm).

During three years in Cyprus no case of transverse myelitis other than this case has been seen, and its occurence in a polio epidemic together with neck stiffness makes a polio virus a very probable cause.

Delayed Onset of Paralysis

The following case illustrates a widely appreciated occurence in polio.

Lt. B.L., aged 20 years.

28 July Sore throat and headache.

31 „ Recurrence of symptoms, difficulty in swallowing.

2 Aug. Palatal paresis. Nasal voice. Neck stiffness. Slight left facial weakness.

13 „ Sudden onset of almost complete facial weakness, left, *i.e.*, 11 days after the initial phase.

Character of the Minor Illnesses.

Twelve cases out of 35 had minor illnesses, varying from 1-4 days with an average of 2 days, and the period between the minor and the major illness varied from 1-4 days with an average of 36 hours.

Sore throat appeared in three cases, but diarrhoea not at all; most common were malaise, slight headache, drowsiness, abdominal pain and aching or heavy limbs.

The White Blood Count

It is not always appreciated that a high white count is a frequent finding in polio in the pre and early paralytic stages, but no correlation can be traced between the degree of white cell reaction or the type, presence, or extent of paralysis.

Examples are as follows :—

Paralytic		*Non Paralytic*	
26,000	Bulbar	19,000	Non paralytic
17,000	Spinal	13,000	„ „
16,000	Bulbar	13,500	„ „
14,000	Bulbar	11,200	„ „
14,500	Spinal	10,100	„ „
13,800	Spinal	7,800	„ „
11,400	Spinal	6,450	„ „
7,400	Spinal		
8,500	Spinal		

Diagnosis

The question the clinician is always asked during the pre-paralytic stage is whether he is dealing with polio, and often he is unable to give an answer even after lumbar puncture and may well be unable to furnish a conclusive diagnosis until the virus is isolated.

In Cyprus, excluding possibilities such as Q fever, when headache and neck stiffness are often appreciable, tick-borne relapsing fever and rheumatic fever, T.B. and pyoccocal meningitis, the diagnosis as in England usually narrows down to a "virus" meningitis, *e.g.*, L.C.M., Coxsackie, or ECHO, or Polio. All these types of virus may be preceded by a minor illness and previous cases of virus meningitis without paresis would suggest that polio was not responsible, but does not of course exclude it.

Generally it is considered that the severity of the headache, the perhaps lower white blood count, the absence of severe limb pains and of fear or apprehension would favour a clinical diagnosis of "virus" meningitis, but there are many exceptions to this and in any case some strains of ECHO virus are known to give rise to paresis.

In the series under review, that of the first case discussed, one of pure bulbar polio, was of interest because of the slight degree of neck stiffness and the almost complete absence of headache, and in an able seaman who had paresis of his right deltoid, although neck stiffness was marked, headache was virtually absent and throughout the epidemic it was seldom a severe or very prominent symptom, whereas in "virus" meningitis this is almost invariably the case.

Epidemiology

It would appear that opinion is still divided as to the precise method of the spread of polio and whether it should be regarded as a disease spread primarily by infected faeces, or as a droplet infection via the naso-pharynx; supportive evidence being on the one hand the presence of the virus in the faeces and on the other to the high recovery rate of the virus from the naso pharynx in the few days preceding, and for the few days following the onset of paralysis, something of the 40%[1]. In two surveys of close and remote contacts, virus was recovered from the faeces as follows:—

	Epidemic I	*Epidemic II*
Close contacts	80%	75%
Remote contacts	13%	1.5%

Knowing that close contacts do not develop polio as frequently as might be expected, it is none the less surprising that this is so in view of the high carrier rate, for had the offending organisms been Salmonellae or Shigellae it is reasonable to assume that close contacts would probably have developed either of these two infections.

Furthermore, in a single household which for the purpose of argument comprise close contacts, such a high infectivity rate could it is thought be much more easily explained by droplet spread.

In this outbreak, the first six cases, all in different families were

located at Limassol, 55 miles from Nicosia, and it was not for three weeks that any cases occurred in Nicosia, and then spread to other major towns in Cyprus.

It is submitted that this manner of spread is more consistent with a droplet infection than by infected faeces, as the latter would imply either food handling or residence in a new area where flies or food handlers carried the infection from faeces to food.

The tubercle bacillus can be recovered from the stools of patients suffering from open pulmonary tuberculosis, but to find it does not entitle one to say that the patient has intestinal tuberculosis and it is felt by the same token, the finding of polio virus in the stools does not justify a conclusion that the disease is spread in that way.

The Acquisition of Immunity

In the United Kingdom some 70% of adults have antibodies to polio virus by the age of 20 and if we assume that 60% of the population are over the age of 20, then this will represent 30 million, in other words roughly this number acquire their immunity at the rate of 1-1.5 million a year. During the last ten years, the average yearly notification of paralytic and non paralytic polio in England and Wales is approximately 4,300 which indicates that only one infection in 230-350 is detected clinically.

This number is swelled even more when it is considered that those over the age of twenty who were not then immune are also acquiring their immunity which makes sub clinical cases even more numerous. The feeling of malaise, the sore throat, the few days unexplained temperature must in many cases mean polio.

It is evident, therefore, that the disease is very widespread and it is to be pondered whether in fact quarantine is effective and indeed worth while. Is it not better to have the disease in childhood rather than in adult life when a severe attack is then more likely?

Pari passu with the service outbreak, the civilian population had 109 cases, all paralytic, although some non paralytic cases must have occurred. Eighty-eight of these cases, or 80.7%, were in children under the age of 4 years, and formed an interesting contrast with the age distribution of our own epidemic, but agrees no less with the findings of antibodies in Egyptian children, which in one survey were present in 100%[1] of those under 4 and can no doubt be related to larger families and smaller living space to which Europeans are used.

Prevention

In view of the almost universal dissemination of polio virus which in spite of isolation and quarantine measures attacks almost three-quarters of the population at 20, and presumably by 30 has attacked a higher proportion still, it might be considered what effective measures should be taken to prevent spread.

Inoculation is of unquestionable value and it is of interest that only two of our patients, a child and a pregnant woman had been

inoculated, and that they had had one injection only.

Operations on the tonsils and naso pharynx and perhaps the wholesale removal of teeth, in certain instances predisposes to bulbar polio, whilst certain injections such as pertussis vaccine and arsenic may pre-select the site of cord damage and paresis, and it may be wondered if any injection in a limb may not lay that particular segment of the cord open to infection.

The danger of excessive exercise in those not feeling well and the supervision of close contacts for evidence of infection would seem rational steps.

Gamma-globulin is not of proven value, but those who are unvaccinated and are in attendance on a case might be given it, as might be infants in whom early diagnosis and assisted respiration would be difficult.

Summary

Polio is a highly infectious illness to which there is a very considerable degree of natural resistance, and it is thought to be most probably spread by droplet infection.

In view of this it is suggested that measures be taken not so much to limit spread, but to diminish its severity. Attention is drawn to the higher morbidity in children and pregnant women, and to the higher incidence of paralytic to non-paralytic cases in adults generally.

Points of clinical interest include delayed paresis, the occasional absence or trivial degree of headache, compared with that in virus meningitis and other small details of differential diagnosis are discussed.

The frequent high white count is stressed and the presence of objective sensory signs were noted in three cases.

References

1) Virus and Rickettsial diseases. By S. P. BEDSON, A. W. DOWNIE, F. O. MACCALLUM, C. H. STUART HARRIS.
2) Cyprus Annual Report of the Medical Department, 1958. By J. H. C. CLARKE, C.B.E., M.B., Ch.B., D.P.H., D.T.M.&H.
3) Information supplied by the Ministry of Health.

MEDICAL SUMMER SCHOOL

by

P. McD. ANDERSON & W. M. REES

This summer, while consultants voyaged in the Adriatic and lesser mortals wallowed in the grime of Bermondsey, we were fortunate enough to spend three weeks in Copenhagen at a medical summer school. This summer school was organised by Danish medical students with the co-operation of the Danish Medical Association, and is now in its tenth year.

We were altogether some thirty students from various medical schools in the United Kingdom and Eire.

The course consisted of lectures and ward rounds each morning, followed by afternoon visits to other hospitals, drug factories, social welfare institutions, and last but not least, the famous Carlsberg and Tuborg breweries. The breweries were a great success with the Irish contingent, who were missing their own prophylactic Guinness. The lectures covered a wide field in both medicine and surgery, and such subjects as Portal Hypertension, Cardiac Surgery, Urolithiases, and Narcolepsy were discussed. After a week of Copenhagen's night life the school provided the Danish lecturer with plenty of subject matter for the last lecture.

The first two weeks were spent at the Gentofte Hospital, and the last week, at the Glostrup Hospital.

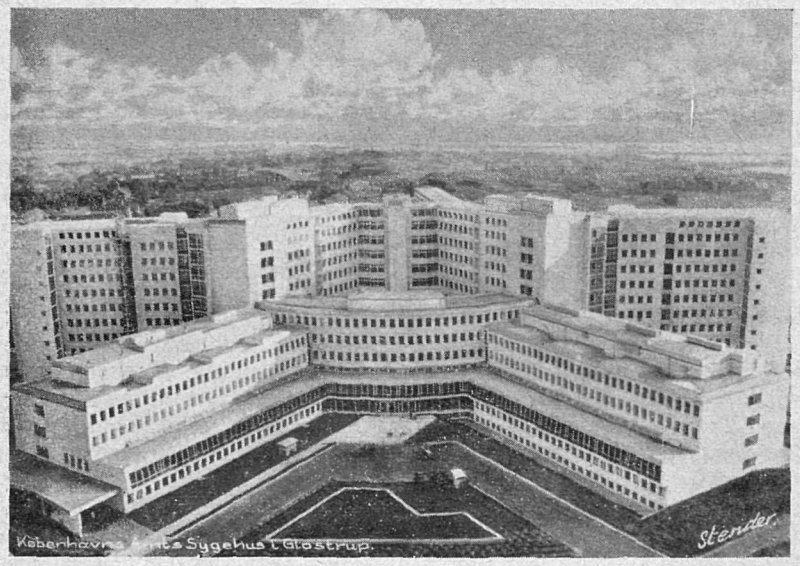
The laboratory at the Gentofte Hospital amazed us with its high degree of automation. There we discovered every ward clerk's delight, a machine capable of doing the red cell counts for the whole hospital in one hour. Other interesting features were dispensible syringes, costing sixpence each, and a card technique for blood grouping and compatibility tests. The latter seemed the answer to the need for speed in transfusing blood in an emergency.

The group, Rhesus factor, could be ascertained at the bedside in five minutes, and Papain and Coombs tests performed on another card in thirty minutes. It seemed to avoid the possibility of mistakes in identity.

The Glostrup Hospital recently featured in a *B.M.J.* article "New Hospitals at Home and Abroad". It was built to the design of three Finnish architects, and has only just been completed. It is a splendid modern building lying on the outskirts of Copenhagen. Very much 'Brave New World' in character; one recalls walking along sound-proofed corridors decorated in delicate pastel shades,

glass doors which open silently as one approaches, and the superb use throughout the building of the native Scandinavian wood.

The hospital is sub-divided into 34 ward units. Each unit contains one six-bedded room, three three-bedded rooms, two two-bedded rooms, two isolation rooms, and two single rooms. In addition, each ward has a room for private consultation between patient and doctor, a day room, a smoking room, a solarium, toilet rooms, and accommodation for the staff.



The New Glostrup Hospital, Copenhagen

The operating theatres were very unusual; built to the design of the American architect Paul Nelson, they were egg-shaped with about seventy small lights, all focused on to the operating field, fitted into the walls. The vault shape of the roof permitted of powerful and effective ventilation without exposing the patient to draughts. A pneumatic tube system connected the theatres directly to the pathology laboratory, and ensured speedy handling of specimens for microscopy.

The casualty department on the ground floor is connected by telephone at each bed, with a central typing pool. This enables the doctor, after examining his patient, to dictate his history to the typing pool, where it is recorded, typed out, and sent to the ward.

Despite its modern and rather cold appearance from outside every effort has been made to retain the community spirit of a hospital. A restaurant, shops, bank, post office, hair-dressing salon, and a conference hall, have all been included in the design.

Our stay was by no means confined to medicine, and we managed to see the many facets of Danish life through the wonderful hospitality of our hosts, who invited us into their homes to meet

their families and friends. We discovered what a truly co-operative state Denmark is ; how the arts, science, and medicine are richly endowed by breweries, and drug companies, who devote their entire profits to these causes. We also discovered what a gay and charming people the Danes are, and what a beautiful city Copenhagen is.

We would like to encourage any student who is thinking of visiting the summer school next year; you will not only have a very good holiday, but more important, your medical horizon will be widened. To quote one of our hosts: "with increasing speed of communication, and consequent 'shrinking of the world', we must learn to depend on medical thinking and action, which respect no frontiers."

CORRESPONDENCE

Letters to the Editor of the Gazette

The Wills Library

SIR,—Members of the Wills Library Committee are much concerned with losses reported at a recent meeting of the Committee, and I have been asked to send you the list of missing books and periodicals for publication in the *Gazette*.

The disappearance from the Library of these volumes and parts of periodicals is causing much inconvenience to other readers. Their borrowers are asked to return them promptly to the Wills Library.

Yours etc.,

G. A. R. WINSTON.
Wills Librarian.

Guy's Hospital, S.E.1.

PERIODICALS

Bound Volume

Medicine. 1949, Vol. 28.

Separate parts

Archives of Internal Medicine 1958, Vol. 102, No. 4 (Oct.).
1959, Vol. 104, No. 6 (Dec.).

Journal of Clinical Investigation, 1960, Vol. 39, No. 2 (Feb.).

Journal of Neuropathology, 1957, Vol. 16, No. 4 (Oct.).

Metabolism. 1957, Vol. 6, No. 4 (July): No. 5 (Sept.).
1958, Vol. 7, No. 4, Part 2 (July).

BOOKS

ATKINS, H. J. B.: *After Treatment*. 4th edn., 1952.

BAILEY, H. and LOVE, B. J. McN.: *Short Practice of Surgery*. 11th edn. 1959.

BLACKBURN, G. and LAWRIE, R.: *Textbook of Surgery*, 1958.

ELLIS, R. W. B.: *Disease of Infancy and Childhood*. 2nd edn., 1956.

GRANT, J. C. B.: *Atlas of Anatomy*. 4th edn., 1956.

CAPPELL, D. F.: *Muir's Textbook of Pathology*. 7th edn., 1958.

WHITBY, E. H. and BRITTON, C. J. C.: *Disorders of the Blood*. 8th edn., 1957.

B.M.S.A. Annual General Meeting

SIR,—The 19th Annual General Meeting of The British Medical Students' Association, which was held at Whitley Bay between November 11th-13th, was attended by a full delegation from Guy's. Amongst the multitude of resolutions and recommendations passed were the following :

a) That the A.G.M. viewed with concern the retrospective charge for board and lodgings which certain hospital authorities intend to levy on housemen as a result of the recent salary increases, and that representation be made to the B.M.A. and the appropriate governmental departments with a view to having the charges cancelled.

b) That bi-ennial Tropical Medicine conferences be held, alternating between Liverpool and London.

c) That the B.M.S.A., in view of the high proportion of overseas students at the British Student Tuberculosis Foundation centres, urges the Government to consider a plan for compulsory chest X-ray for visitors resident in Britain for periods of 6 months or longer.

d) That the Education Officer do undertake a survey of the curricula of British Universities with a view to determining the precise nature of the teaching of Obstetrics and Gynaecology and do obtain representative opinion from students in all medical schools.

e) That the Grants Officer organise a survey into the awards system to married students with the utmost urgency.

f) That the B.M.S.A. express its disapproval of the recommendation of the Anderson Committee for complete abolition of interest free loans to students. B.M.S.A. urges that the system of loans be considered only in respect of students required to repeat a period of study up to one year, such loans being awarded after full consideration has been given by the Awarding Body to the circumstances leading up to applications for these loans.

g) The A.G.M. expresses its interest in the possibility of arranging an exchange of medical students and graduates between Great Britain and the U.S.S.R.

h) The executive investigate the possibilities of raising a Provincial Hospitals' Rugby Football team to play London United Hospitals, 1961.

Prior notice of three student scholarships to the United States was given to the Delegates on behalf of the awarding body, the British Medical Students' Trust. Details of these scholarships, and methods of application and selection will be posted in the Hospital as soon as possible.

I present this report on behalf of the Guy's Hospital B.M.S.A. committee.

Yours etc.,

Guy's Hospital, S.E.1. GEORGE KLAUBER.

Dr. P. J. Wheeler

SIR,—I wish to inform you of the death of my father Dr. F. J. Wheeler, on 16th June last. I am afraid there is so much to do in the way of sorting and clearing out, that I have only just realised that you had not been informed. I have written to the Wills Librarian and asked him to inform you, but I felt I would like to mention how much pleasure and information I obtained from the *Gazette* myself, although working in a different field. I shall miss it.

I do have a very particular request to make however. A few years ago you published a paper on Dowsing. This was stated to have been undertaken with an open mind on the subject, and in fact is one of the very few unbiased, in either direction, accounts of the subject I have ever seen in print. I also consider it to be the only truly scientific bit of investigation on Dowsing I have seen published. There was some mention of further investigation into the subject of Dowsing by map, which I think I understood to have been interrupted by the war. If any further work is published would it be possible to obtain a copy ? I may add that I can dowse myself, so perhaps I cannot claim to be as unbiased as your contributors, though I found their conclusions tallied very closely with those I had arrived at for myself.

Yours etc.,

Bodrwnsiwn, EILEEN C. WHEELER, M.R.C.V.S.
Ty Croes, Anglesey.

DIDO AND AENEAS

The Music Club scored a signal triumph on their performance on 9th December of Purcell's "Dido and Aeneas". Their standards, already high, were excelled and the very greatest of credit goes to all the Club members and their orchestral friends.

This opera is probably the most suitable of all such works for the Hospital Society. For it is on an approachable scale without the pretensions or staging difficulties of grand opera. Purcell's attractive score dating from 1680 has a worthy libretto by Nahum Tate and he has used the version edited by Professor Dent. The story, a formal classical exercise, is of the hopeless love of Dido and Aeneas and their parting. A sorcerer and her attendant witches machinate malignantly while Mercury brings messages and a sailor sings a startlingly rumbustious shanty. Finally tragedy (in the best classical vein) overtakes the lovers and dignified death supervenes. Miraculously there is tragedy without gloom and heroism without excessive pomp.

Clearly the cast enjoyed themselves as much as the audience and gave without exception a splendid performance and ample proof of meticulous rehearsal. The soloists were of remarkable musical stature. Prime honours must go to the three principals. Joy Strutt after a transient uncertainty gave a beautiful performance as Dido; her colourful and well balanced voice being ideal for her part. Mary Stamm's crystal soprano in the role of Belinda was delightful and John Winter gave a truly flawless performance as Aeneas. Here was singing of absolutely professional standard of which he could well be proud. Sheila Searchfield as the sorceress and Elizabeth Pullinger and Rosalind Smith as witches were very good with particularly well sung duets. Ian Boyd's part as the spirit and Richard Huddy's sailor were well done and one is certain that Purcell himself would have been delighted with Huddy's gusto. Inevitably the soloists are the reviewer's main topic, but the chorus must not escape honour. They sang with balance and feeling and were handled superbly by Mr. Robert Sells to whom the major triumph must surely belong. The orchestra, under the leadership of Tim Good with 'Cello continuo by Bruno Schrecker and the square piano performance by Richard Seal did noble work. They never overdominated soloists or choir and deserve the greatest of thanks for coming to delight us.

The newly finished Chapter House of Southwark Cathedral provided a fine setting to a splendidly successful performance The health of Guy's music in 1960 could not have been better emphasized than by this performance.

P.S.B.

REVIEWS

Chemotherapy in Emotional Disorders By FREDERIC F. FLACH and PETER F. REGAN. McGraw Hill Publishing Co. *Price* 77*s.* 6*d.*

This book has been conveniently divided into three sections.

In the first the principles and techniques involved in the evaluation of patients are discussed. This is very full but suffers from the fault that in the American fashion every syndrome is regarded as a reaction, including even psychotic states. If this can be tolerated there is a wealth of interest and information to be found here.

The various physical treatments and their sphere of effectiveness are described in detail in the second section. This includes an up-to-date review of the majority of drugs used in modern psychiatry with full information on their chemistry, pharmacology, method of administration and side effects, with tranquillizers and anti-depressants in prominent positions. In addition there are chapters devoted to E.C.T., in which the various techniques are described, insulin treatment and pre-frontal leucotomy.

These considerations are blended in the third section to illustrate the manner in which physical treatment can be used to enhance psychotherapeutic treatment, and describes in some detail the therapeutics of the conditions described in the first section, utilising the methods of the second section.

This book must be of great interest to psychiatrists and the family doctor, or students particularly interested in psychiatry, and would represent a worthwhile addition to their libraries as a comprehensive edition on psychiatric therapeutics. B.M.G.

A Functional Approach to Neuroanatomy. By HOUSE and PANSKY. McGraw Hill Publishing Co. Pp. 494. *Price* 97*s*.

The authors attempt to fill a much wanted need for a not too elaborate yet fully descriptive account of neuroanatomy.

The text is amplified and illustrated by countless beautiful sketches and diagrams, these being the work of the co-author.

Functional aspects and clinical application are touched on wherever possible but this is usually on an elementary plane and serves only as an introduction to the vast field of contentious and unsolved aspects of neurophysiology.

Welcome additions to this sort of text are the inclusion of a chapter on peripheral nerves and a summary for purposes of revision at the end of each section.

Although inadequate in many parts in the detail necessary for the solution of a particular problem, it would serve the undergraduate's needs as well as any current Neuroanatomy text provided the cost is of little import.

A standard atlas of brain sections and a small bibliography are included. G.P.

Anaerobic Bacteriology in Clinical Medicine. By A. TREVOR WILLIS. Butterworth and Co. *Price* 30*s*.

The anaerobic bacteria are interesting both biologically and medically. Biologically they are interesting because many of them cannot tolerate the smallest concentrations of the atmospheric oxygen which most other micro-organisms and many other living creatures find essential. From the medical point of view knowledge of their behaviour is important since they cause some of the most serious infections known in men and animals, and many of them are capable of producing extremely potent toxins which are among the most poisonous substances known.

The main emphasis of this book is on those anaerobes which are of clinical importance. The subject matter is divided into six main chapters: 1. Methods. 2. Media. 3. Examination and Identification. 4. Characteristics of pathogenic anaerobes. 5. Anaerobic infections. 6. Toxicology.

The author has collected much useful information on this important branch of medical bacteriology. He has dealt with the subject in a simple and straightforward way and has given a surprising number of facts in a comparatively small volume. He has attempted to preserve a balance between the purely laboratory aspects of the subject and its clinical applications and this he has succeeded in doing. In some chapters, notably Chapter 5, there is a good deal of inconsistency in the way in which the main headings and sub-headings are set out. Greater attention to the arrangements of these would make the various sub-divisions in this chapter appear to follow in a more logical way. There are one or two minor misprints, for example, on page 38 the author speaks of emergency of contaminants when presumably he means emergence and on page 60 flagella antigens should be flagellar but these are mostly minor points which could be easily corrected in a future edition. The book should prove useful both for laboratory workers and for medical students and doctors who will find in it without going too deeply into the subject most of the essential facts relating to the behaviour and pathogenicity of the medically important anaerobes. R.K.

An Introduction to Physical Chemistry for Biologists and Medical Students. By H. R. KRUYT and J. T. G. OVERBEEK, translated by A. J. Mee. 197 pages. Heinemann, 1960. *Price* 25*s.*

The popularity of this book, which has just been translated into English, can be judged by the fact that the original has already run into fifteen editions in Holland. This is not surprising in view of the fact that, in most cases, physico-chemical topics, such as chemical kinetics and equilibrium, electrochemistry, adsorption, are dealt with adequately and in a way which the medical student can understand. There are, however, exceptions to this and it is unfortunate that in the chapter on gases and solutions there is no mention of the concept of ideality and deviations from it. It is also disappointing that about one third of the book is devoted to the treatment of colloid chemistry. Such disappointment has been anticipated in the Preface where no apology is made for including this topic at the expense of chapters on Atomic Structure and Thermodynamics. In view of this, 1st and 2nd M.B. students would almost certainly need a second book in addition. The supplement, which provides a more advanced treatise on subjects such as diffusion and the Debye-Huckel theory of electrolytes, is particularly useful. A large number of examples and a reasonable price are further assets which should make the book as popular here as it is in Holland.

D.B.G.

The following books have been received from PAN BOOKS LTD.

Hornblower in the West Indies : FORESTER.
End of a Hate : BRADDON.
Cone of Silence : BEATY.
Saturday Night and Sunday Morning : SILLITOE.
Calamity Town : QUEEN.
They Fought for the Sky : REYNOLDS.
Surgeon of Fortune : KELLEY.
This is the Schoolroom : MONSARRAT.
They Came to Cordura : SWARTHOUT.
Partners in Adventure : INGRAM.
Woman Doctor Looks at Love and Life : HILLIARD.
Last Seen Wearing : WAUGH.
Midnight Lace : DRUMMOND.
Log From the Sea of Cortez : STEINBECK.
Second Book of Horror Stories : VAN THAL.
Called and the Chosen : BALDWIN.
Book of Card Games : PHILLIPS.
How to Avoid Matrimony : FROY.
Sophie : WAGNER.
Claudelle: CALDWELL.
The White Men Sang: FULLERTON.
Cabbage Holiday: THORNE.
The Hound of Death: CHRISTIE.
Riddle of a Lady: GILBERT.
The Door with Seven Locks: WALLACE.
The Lost Days of My Life: SIMPSON.
Cimarron: FERBER.
Return to Jalna: DE LA ROCHE.
Murder on the Links: AGATHA CHRISTIE.

SPORT

RUGBY

Guy's v. Old Cranleighans

At H.O.P. 10th December, 1960

Result—Won 17-3

With the 'first' pitch like a marsh, Guy's played on the somewhat firmer 'A' pitch with all their former zest and soundly beat the Old Cranleighans by a goal, three tries and a penalty to a penalty goal.

Team changes this week were Pagliero as full-back and Murray as scrum-half with Healey at fly-half.

Right from the kick-off Guy's were up in the Old Cranleighans half of the field and the opening score came from a penalty taken by Biggs from far out; in spite of a brisk wind the ball went over easily, yet an earlier attempt from a more central position had failed. The first try fell to Cooke who took the ball over following a five-yard scrum; Biggs converted. Old Cranleighans next kept Guy's on the defensive for some minutes and although the defence looked quite safe an unfortunate off-side resulted in a penalty goal for the visitors. In retaliation Guy's gained their second try just before half-time, Lloyd-Edwards scoring after several short passes beat the defence. The conversion from a wide angle caused momentary confusion but it had, in fact, missed by a handsbreadth and the subsequent drop-out confirmed that the referee was aware of this.

Half-time score 11-3.

In the second half Guy's superiority was even more evident; the ball was moved about very speedily and several movements only just failed to score. The penultimate try followed a scrum on the half-way mark awarded to Old Cranleighans after Guy's had taken a short penalty slightly off the indicated spot. In possession of the ball, Murray sped around the pack and passed to Cooke who bounded up the field at great speed—to Murray again then out to Biggs who crossed the line in the corner but just missed the conversion. The final score came from Bryant who with usual skill beat the defence to make it 17-3.

The pack had the measure of their opponents in the tight, loose and most of the line-outs, and the present front row seems a successful combination. Today the back division were also much on form; Murray's serves were fast and accurate, enabling Healey to show to advantage—admittedly aided by the lethargy of the opposing wing-forwards. Both centres and wings made the most of every opportunity, Pagliero was in the right place whenever needed, and the standard of tackling was gratifying. Once in possession of the ball Egwuatu is a force to reckon with, although occasionally his enthusiasm leads to minor infringements of the rules.

This was a well deserved win and on present form we shall hope for many more.

Team : M. Pagliero; D. A. Biggs, J. D. Bryant, P. Ivanans, E. Egwuatu, N. Healey, M. Murray; A. C. Knight, W. T. Treadwell, J. Hockey, P. Peace, J. Cook, D. R. A. Lloyd-Edwards, S. A. R. Cooke, T. A. H. English.

SQUASH

2nd Round Senior Hospitals' Cup

Guy's v. St. Thomas'

A. Gazdar beat A. Chignell 3-2.
D. Richmond lost to I. Dowdeswell 1-3.
M. Blake beat R. Barber 3-0.
D. Hall lost to B. Webster 0-3.
P. Sievers lost to J. Bowen 0-3.

Result : St. Thomas's won 3-2.

2nd Round Junior Hospitals' Cup

Guy's v. St. Thomas'

C. Chantler lost to P. Preece 2-3.
A. Martin lost to G. Elder 0-3.
W. Norman lost to J. Weston 2-3.
R. Meadow beat M. Palmer 3-1.
C. Boothby beat P. Bradley-Moore 3-1.

Result : St. Thomas's won 3-2.

Cumberland Cup

Guy's v. Middlesex Hospital

Tuesday, 13th December

A. Gazdar lost to M. Kingston 1-3.
D. Richmond lost to N. Bass 0-3.
M. Blake beat R. Tennant 3-0.
G. Davies received w.o.
P. Sievers beat S. Tembleton 3-0.

Result : Guy's won by 3 matches to 2.

HOSPITAL INFORMATION

APPOINTMENTS

GUY'S HOSPITAL

The following Dental House Surgeons have been appointed for the period 1st January to 30th June, 1961.

General Duties	1. Mr. W. T. Lamb (resident)
	2. Mr. D. G. Stone
	3. Mr. T. M. A. Heesom
	4. Mr. B. Matthews
	5. Miss P. E. Shaw.
	6. Mr. J. P. Balfe
	7. Mr. A. C. Prichard
	8. Miss P. F. Scotrick
Children's Dept.	1. Mr. C. E. M. Lamb
	2. Mr. J. B. Mayhew
Prosthetics Dept.	1. Mr. T. W. Cutress

The following Assistant Dental House Surgeons have been appointed for the period 1st January to 31st March, 1961.

General Duties	Mr. D. Boulton
	Mr. J. D. James
	Mr. J. M. Brummitt
	Miss D. E. R. Cornick
Children's Depart.	Mr. M. J. Fatharly
	Mr. A. B. Holmes
Preventive Dentistry	Mr. S. G. Adamson

Miss G. V. Hicks, S.R.N., R.M.M., S.C.M., Assistant Matron, Psychiatric Unit, Southern General Hospital, Glasgow.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Junior Medical Registrar** with duties to commence as soon as possible until 30th September, 1961.

Forms of application are obtainable from, and should be lodged with, The Superintendent, Guy's Hospital, S.E.1, not later than **10th January, 1961.**

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Final Examination

G. C. Baker
S. K. Bosher
C. M. Ruben
C. Wastell

Faculty of Anaesthetists

Primary Fellowship Examination

M. A. Ness

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Finals

November, 1960

Boxall, C. J.—*Credit.*
Collar, A. M.—*Credit.*
Curtis, A. M.
Grant, B. J.
Hodgson, E.
James, F. T.
Knowles, P.
Miller, C. A.
Norman, P. A.
Rail, J. N.
Williams, C. V.
Russell, E. C. M.
Stockton, P.

NURSING NEWS

Entered :
Staff Nurse J. O'Driscoll to *Out-Patient Dept.*
Staff Nurse S. Biggin to *New Cross.*

Left :
Staff Nurse Wicks from Mary Ward.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publication.

Benson, P. F. Dystonia Musculorum Deformans Presenting as Spasmodic Torticollis. *Proc. R. Soc. Med.*, 1960, **53**, 951.

Brenchley, M. L. Submerged First Permanent Molars. *Dent. Practit.*, 1960, **11**, 105.

Dixon, Allan St. John. Familial Hyperuricaemic Nephropathy. *Proc. R. Soc. Med.*, 1960, **53**, 967.

Duff, J. K. and others. Continuous Intra Arterial Methotrexate with Simultaneous Intermittent Intramuscular *Citrovorum Factor* Therapy in Carcinoma of the Cervix. *Cancer Chemotherapy Reports*, 1960, **8**, 1.

Dwyer, P. J. Uterine Rupture after Intramuscular "Pitocin". *Brit. med. J.*, 1960, ii, 1570.

Fox, Wallace and others. Peripheral Neuritis due to Isoniazid. *Bull. World Hlth. Org.*, 1960, **23**, 587.

Fox, Wallace and others. Prevalence of Tuberculosis among Close Family Contacts of Tuberculous Patients in South India, and Influence of Segregation of the Patient on the Early Attack Rate. *Bull. World Hlth. Org.*, 1960, **23**, 463.

Fox, Wallace and others. Progress in the Second Year of Patients with Quiescent Pulmonary Tuberculosis after a Year of Chemotherapy at Home or in Sanatorium, and Influence of Further Chemotherapy on the Relapse Rate. *Bull. World Hlth. Org.*, 1960, **23**, 511.

Hunt, J. N. and others. Estudio Sobre la Composicion del Jugo Gastrico Basal en Normales. *Arch. Med. exp.*, 1960, **23**, 137.

Kay, Lester W. The Management of Pericoronitis. *Dent. Practit.*, 1960, **11**, 80.

Lewis, T. L. T. Leukaemia in Childhood after Antenatal Exposure to X-rays. *Brit. med. J.*, 1960, ii, 1551.

Milner, L. A Survey of Anaesthesia in Great Britain. *Med. Proc.*, 1960, **6**, 521.

Morrant, G. A. and Stephens, R. R. The Development and Application of Modern Methods in Cavity Preparation. XI.—Overcoming the Difficulties of Ultra-High-Speed Equipment. *Brit. dent. J.*, 1960, **109**, 428.

Moseley, B. E. B. and Gorrill, R. H. An Effect of Early Dilution on the Establishment of Lysogeny in Salmonella typhimurium. *Nature*, 1960, **188**, 755.

Partridge, Maurice. Clinical Aspects of Drug Addiction. *Proc. R. Soc. Med.*, 1960, **53**, 919.

Stevenson, F. Harwood. Pulmonary and Pleural Complications of Pott's Disease. *Proc. R. Soc. Med.*, 1960, **53**, 938.

Thomas, Kelvin E. An Unusual Case of Tuberculosis of the Oro-Larynx. *J. Laryng.*, 1960, **74**, 784.

Walt, Frank and another. High Protein Feeding in Kwashiorkor. *Arch. Dis. Childh.*, 1960, **35**, 455.

PERSONAL

Special rates for Guy's Staff, Students, Nurses and Subscribers to the Gazette. 5 words 4s. 15 words 10s. 6d. Box Numbers 1s. extra.

Ordinary rates 10s. 6d. 5 words. Box Numbers 1s. extra.

FOR SALE

HISTORY OF GUY'S 1725-1948. Reduced to clear 5*s.* each. Postage, Packing 2*s.* extra. Apply *Gazette* Office, 16, St. Thomas's Street, S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6*d.* each. Coat of Arms 5/6*d.*, PERSONAL COLLECTION ONLY. They make welcome gifts. Apply, The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1.

***Replies to Box Numbers should be addressed to Gazette* Office, Guy's Hospital, London, S.E.1.**

CHANGES OF ADDRESS

B. Pitt-Payne, M.R.C.S., L.R.C.P., Medical Department, Raratonga, Cook Islands.

BIRTHS

EDMUNDS.—On 1st December, 1960, at Andover, to Madeline, wife of Roger Edmonds, M.B., B.S., a son (Nigel Jonathan), brother for Simon.

GILLON.—On 20th December, 1960, to Jean (née Stevenson), S.R.N., and M. A. Gillon, B.D.S., a daughter (Frances Theresa).

SNOOK.—On 3rd December, 1960, to Jean (née McFarlane) and Michael Snook, L.D.S., a son (Jonathan Michael).

EDS. { S.R.M. R.A.S.

SUPER SYNTREX

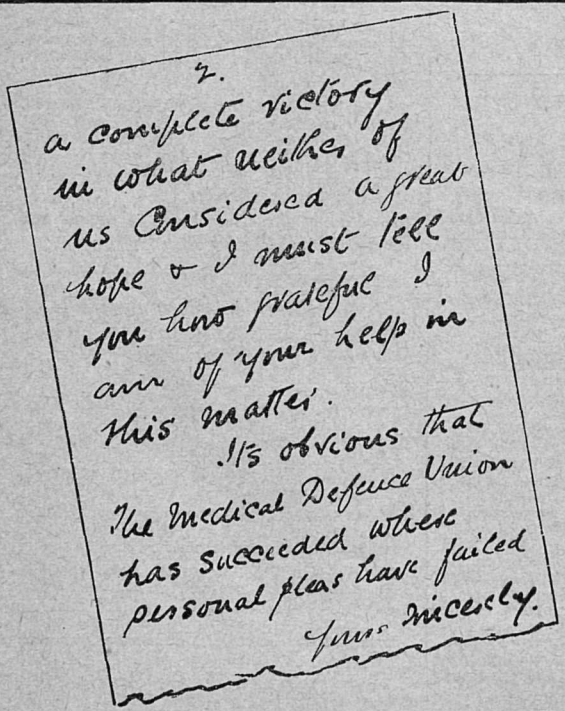
DE TREY'S NEW SILICATE CEMENT

AN 'AMALGAMATED DENTAL' PRODUCT

Originated by de Trey Frères S.A., Zurich

Trade Distribution : Amalgamated Dental Trade Distributors, Ltd., London, W.1

'SYNTREX'—regd. trade mark



Be sure that YOU belong to

THE MEDICAL DEFENCE UNION

The Oldest and Largest Organisation of its kind in the World

Secretary :
Philip H. Addison,
M.R.C.S., L.R.C.P.

Tavistock House South, Tavistock Square, W.C.1

Telephone: EUSton 4244/7

Printed and Published for the Committee of Guy's Hospital Gazette by ASH & COMPANY, LTD., Holyrood Street, London Bridge, S.E.1.